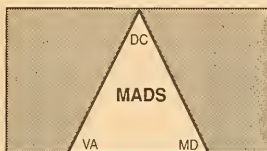


National Institute on Drug Abuse



The Washington, DC,
Metropolitan Area Drug Study

**Prevalence of Drug Use in the
Washington, DC, Metropolitan Area
Homeless and Transient Population: 1991**

Technical Report #2



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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**The Washington, DC, Metropolitan Area Drug Study
(DC*MADS)**

**Prevalence of Drug Use in the
Washington, DC, Metropolitan Area
Homeless and Transient Population: 1991**

National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane
Rockville, Maryland 20857

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

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LIST OF ABBREVIATIONS

AFDC	Aid to Families with Dependent Children
AIDS	acquired immune deficiency syndrome
APA	American Psychiatric Association
ARC	AIDS-related complex
ASI	Addiction Severity Index
AW	analytic weight (unadjusted)
AW_A	analytic weight (adjusted for institutional and individual nonresponse)
AWGAMA_A	analytic weight (adjusted for potential sampling frame multiplicity [GAMA] and for institutional and individual nonresponse)
BAF	block assignment form
CDC	Centers for Disease Control
CHAMPUS	Civilian Hospital and Medical Program for the Uniformed Services
CHC	community health clinic
CI	confidence interval
COG	Council of Governments (metropolitan area)
CV	coefficient of variation
DAWN	Drug Abuse Warning Network
DC*MADS	Washington, DC, Metropolitan Area Drug Study
DC MSA	District of Columbia Metropolitan Statistical Area
DHHS	U.S. Department of Health and Human Services
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised
GA	general assistance
GED	general equivalency diploma
HIV	human immunodeficiency virus
HMO	health maintenance organization
HP	household population
HTP	homeless and transient population
HPA	Hunger Prevention Act
IDU	injecting drug user
IOQ	interviewer observation questionnaire
MSA	Metropolitan Statistical Area
n	disaggregated sample into subgroups (<850 total)
N	aggregated sample (≥850 total)
NCADI	National Clearinghouse for Alcohol and Drug Information
NDATUS	National Drug and Alcoholism Treatment Unit Survey
NHSDA	National Household Survey on Drug Abuse
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIMH	National Institute of Mental Health
PCP	phencyclidine

PPO	preferred provider organization
PPS	probability proportional to size
PSU	primary sampling unit
RRO	roster of room occupants
RSE	relative standard error
RTI	Research Triangle Institute
SAF	shelter assignment form
SAS	Statistical Analysis System
SE	standard error
SH	shelter
SK	soup kitchen
SKAF	soup kitchen assignment form
SOME	So Others Might Eat
SRO	single room occupancy
SSI	Supplemental Security Income
ST	street/encampment
STDs	sexually transmitted diseases
SUDAAN	SURvey DATA ANalysis
WESVAR	WESTat VARIance Estimation
WR	with replacement

Executive Summary

This report examines the prevalence of illicit drug use and related problems among members of the homeless and transient population, aged 12 and older in the District of Columbia Metropolitan Statistical Area (DC MSA). It also provides information on alcohol use, criminal activity, physical health, mental health, employment, receipt of services, and entitlement participation among homeless people. This research is part of the Washington, DC, Metropolitan Area Drug Study (DC*MADS).

The goal of the DC*MADS Homeless and Transient Population Study was to provide unbiased estimates for an "average" day in the DC MSA from February through June 1991. Findings are based on 908 in-person interviews conducted anonymously from four overlapping sampling frames: 477 interviews with residents in 93 shelters; 224 interviews with patrons of 31 soup kitchens and food banks; 143 interviews with literally homeless people from 18 major clusters of encampments; and 64 interviews with literally homeless people from an area probability sample of 432 census blocks in the MSA. The institutional response rate for shelters and soup kitchens combined was 82.6%. The response rate for eligible individuals across the four frames was 86.1%.

Some of the key findings from the report include:

- There are from 9,031 to 11,743 homeless or transient people in the DC MSA on an average day. Over 42% of these people, however, come into contact with multiple parts of the service system and represent 14,744 person-contacts. This means that even in a single day there is a high likelihood of double counting. It also means that 93% of homeless people can be identified directly through the service system in a single day and 98% can be identified in the course of a month.
- Rates of any illicit drug use among homeless people were 80% over their lifetime, 58% in the past year, and 34% in the past month. These rates were influenced more by use of cocaine than by use of marijuana. The rates of cocaine use were 65% in their lifetime, 48% in the past year, and 28% in the past month.
- Rates of alcohol use among this population were 93% in their lifetime, 86% in the past year, and 70% in the past month. The latter includes 28% who were drinking heavily (five or more drinks per day on a weekly basis) while homeless during the past month.
- Approximately 28% of the homeless people had lifetime histories of mental health treatment and 25% had experienced four or more mental health problems in the past month (e.g., significant periods of arguing, depression, anxiety, suspicion, suicidal thoughts or attempts). Only 5% were currently receiving mental health treatment.
- Roughly half of the homeless population had been involved in one or more criminal activities in their lifetime, and more than 30% had been arrested at least once. Current drug users were more likely than nonusers of drugs to have committed a criminal act in their lifetime (64% vs. 14%), been involved in drug-related criminal activities in the past year (73% vs.

8%), and to have been arrested one or more times in the past year (53% vs. 8%).

- More than 70% of the homeless people had at least one major medical problem in the past year, and 7% had four or more. This includes 12% (20% of current drug users) with one or more drug-related illnesses such as the acquired immune deficiency syndrome (AIDS), sexually transmitted diseases (STDs), tuberculosis, or hepatitis. Along with these problems and their rates of visiting hospitals (25%) and emergency rooms (37%) in the past year, only 36% of the homeless population had any public or private health insurance.
- Although 99% of the homeless population had been employed in their lifetime, fewer than 39% had worked in the past month, and about 20% described themselves as currently working full-time. Of the rest, about 8% reported themselves as currently too disabled to work, and another 11% had given up searching for employment. An estimated 27% reported receiving some form of disability or unemployment insurance in their lifetime, and the mean income from such sources was \$43 per month.
- An estimated 97% of the homeless population in this study fell into one or more of the special groups identified in the Stewart B. McKinney Homeless Assistance Act of 1987. Some of the largest groups included those who had experienced one or more major illnesses (70%), were currently unemployed (54%), had problems with drug use (34%) or heavy alcohol use (28%), had histories of mental treatment (28%), or were the head of a family (23%), were veterans (22%), or were youths (5%). About 58% had one or more problems with alcohol, drug use, or mental illness.
- Methodologically, population coverage by frame indicates that shelters alone cover a little over half of the total homeless population (56%) on an average day. After adjusting for potential overlap, the addition of soup kitchens raised the total coverage to 93%, the addition of encampments raised it to 94%, and the addition of the streets provided 100% coverage. Omitting the street frame, the coverage of the remaining three sites was lower for selected groups such as youths (85%), heavy alcohol users (86%), and the unemployed (90%), and it was higher for current drug users (98%), veterans (97%), and families (95%).
- Adding homeless people to the NHSDA population of past year injection drug use in the DC MSA would increase the latter from 0.2% to 0.25% (25%). This difference is too small to change prevalence estimates noticeably, but would result in a 25% increase in the population estimates often used by providers for estimating the number of people in need of treatment. Thus, while the addition of 1,402 past year needle users is small relative to the total household population (3,174,498 people in the MSA), it is large relative to the size of the treatment population.

Homelessness and drug use are associated with many problems that stress emotional, psychological, and financial resources. This report provides estimates for some of these problems among the homeless population in the DC MSA. It also describes the methodologies used to develop these prevalence measures to serve as a model for future studies on hard-to-reach and hidden populations.

1.0 INTRODUCTION AND BACKGROUND

1.1 Purpose and Organization of This Report

The problems of homelessness and drug abuse are increasingly being seen in communities across the Nation, most often in major urban areas (Interagency Council on the Homeless, 1991). Like other large metropolitan areas, the District of Columbia Metropolitan Statistical Area (DC MSA), shown in Figure 1.1, has been experiencing problems with homelessness and drug abuse. In the 1990 U.S. census, more than 6,500 people spent the night in emergency shelters in the DC MSA, including over 4,400 in the District. The census showed that, although Washington, DC, is only the 19th largest city in the U.S. (1990 population of about 606,900), it has the 4th largest shelter population and the highest rate of shelter residents per capita (72.81 per 10,000; see Barrett, Anolik, & Abramson, 1992). Regarding drug use, Milburn, Booth, and Miles (1990) found that 60% of a random sample of DC shelter residents had used illicit drugs in their lifetime and 24% had used drugs in the past month. These rates of drug use may not provide an accurate prevalence estimate because shelter samples are not representative of the total homeless population. For example, relying on shelter samples alone to estimate drug prevalence was found inaccurate in a study of nine shelters in northern Virginia (Davidson, 1991). Substance abuse, mental illness, and mental retardation considered together were significantly more common among people on shelters' "do not admit" lists than among shelter residents (96% vs. 67%). To achieve greater representation, the current study included homeless people from shelters, soup kitchens, major encampments, and a random sample of census blocks from the entire DC MSA.

This report presents findings about the prevalence of illicit drug use and correlated problems among members of the homeless and transient population, aged 12 and older, in the DC MSA. It provides information on problems, services, and treatment related to drug and alcohol use, criminal activity, physical health, mental health, employment, and entitlement participation among homeless people. This study is one of the special population-based studies included in the Washington, DC, Metropolitan Area Drug Study (DC*MADS) and was designed to be comparable with the 1990 and 1991 National Household Survey on Drug Abuse (NHSDA) and with the other DC*MADS population-based studies.

The remainder of this chapter provides an overview of DC*MADS and its Homeless and Transient Population Study. It describes related prior research on homeless people and discusses special issues related to the definition and coverage of the homeless population. Chapter 2.0 summarizes the methodology, response rates, and analytic

Figure 1.1 District of Columbia Metropolitan Statistical Area (DC MSA)



Note: The District of Columbia Metropolitan Statistical Area (DC MSA) includes the District of Columbia; the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince Georges; the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford; and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

approach. A detailed methodological discussion appears in Appendix A, including an explanation of the weighting procedures; the actual geographic, institutional, and individual samples used; the response rates; a description of the software used to analyze the data; the rule for identifying estimates with low precision; and other issues.

Chapter 3.0 describes the general characteristics of the homeless and transient population in the DC MSA. Chapters 4.0 and 5.0 present estimates of the prevalence, correlates, patterns, and consequences of drug use among the homeless population using information and tables that parallel the 1990/1991 NHSDA. Chapter 6.0 looks at the extent to which drug use is related to the symptoms and treatment of mental health, physical health, criminality, and unemployment problems among the homeless population. Chapter 7.0 concludes with an analysis of the implications of the current study for future efforts to monitor drug use, for general research on the homeless population, and for local governments. It includes an analysis of the overlap with the household and other hard-to-reach populations in the DC MSA, estimates of selected Stewart B. McKinney Homeless Assistance Act (1987) groups, and a discussion of the study's limitations.

Other appendices contain supporting technical information for the study. Appendix B presents standard errors of the estimates and the unweighted numbers of respondents for each table in the report. Appendix C provides pairwise z-test comparisons of drug use for each table in Sections 4.3 on demographic correlates and 4.4 on homelessness correlates. Appendix D contains copies of the study's questionnaires. Appendix E consists of a glossary of the key measures and terms used throughout the report. Appendix F lists members of the DC*MADS Advisory Group and other people consulted during the project.

1.2 Overview of the Washington, DC, Metropolitan Area Drug Study

DC*MADS is an exploratory attempt to look at the nature and extent of drug abuse among all types of people residing in a single metropolitan area during the same period of time, with special focus on populations who are underrepresented or unrepresented in the NHSDA. Many of these subpopulations represent people who tend to be at risk for drug abuse and its consequences. The main objectives of DC*MADS are to:

- estimate the prevalence, correlates, and consequences of drug abuse among the diverse populations residing in the metropolitan area, and
- develop a research model for similar data collection about drug abuse in other major metropolitan areas.

DC*MADS consists of numerous studies that focus on different population subgroups (e.g., homeless people, institutionalized individuals) or different aspects of the drug abuse

problem (e.g., adverse consequences from drug abuse) in the Washington metropolitan area. The studies include:

- Household and Nonhousehold Populations Study;
- Homeless and Transient Population Study;
- Institutionalized Study;
- Adult Criminal Offenders Study;
- Juvenile Offenders Study;
- School Dropouts Study;
- Current Drug Abuser Characteristics Study;
- Area Opinion Leaders Study;
- Drug Abusing Subgroups Study;
- Adverse Effects of Drug Abuse Study; and
- Drug Use and Pregnancy Study.

The data and findings for DC*MADS are supplemented with data from the 1990 and 1991 NHSDA (both of which oversampled the DC metropolitan area) and the 1991 Drug Abuse Warning Network (DAWN) (see Glossary, Appendix E).

1.3 Overview of the Homeless and Transient Population Study

The Homeless and Transient Population Study examined the nature and extent of drug use among people living in nonconventional dwellings (e.g., vacant buildings, cars, parks, streets, and emergency shelters) or at risk of becoming homeless in the DC MSA, as indicated by their use of soup kitchens and food banks for homeless people. It examined the reasons that people move in and out of homelessness, the roles of drug use and crime-related activities, and the problems of mental health, primary care, and economics in this movement. More specifically, this report:

- provides an overview of the prevalence of use of illicit drugs, alcohol, and tobacco for the DC MSA homeless and transient population found in shelters, soup kitchens, encampments, and street locations from February to June 1991;
- examines demographic correlates of homelessness and illicit drugs and alcohol use, including gender, age, race/ethnicity, marital status, geographic location (DC, Maryland, Virginia), education, and employment;
- examines homelessness correlates of illicit drug and alcohol use, including stage of homelessness, service use patterns, sampling location and institutional context;
- identifies the patterns, current context, and histories of drug use in the homeless population;

- analyzes current and past illicit drug use in relation to drug and alcohol treatment, mental health problems and treatment, physical health problems and treatment, illegal activity and incarceration, and unemployment and entitlement participation;
- examines methodological implications for coverage of the homeless and household population relative to overall prevalence rates and studies of illicit drug users; and
- looks at the methodological implications of the overlap among various segments of the homeless and transient population, selected subgroups targeted under the 1987 Stewart B. McKinney Homeless Assistance Act, the household population, and other subpopulations studied in DC*MADS.

Interviews were conducted with 908 homeless people on 64 randomly selected nights during the winter, spring, and summer of 1991. They were randomly sampled from individuals who spent the night in emergency shelters or hotels for homeless people, used soup kitchens, were in major encampments, or were in a geographic sample of census blocks in the 16 city and county municipalities that make up the DC MSA.

1.4 Prior Studies of Drug Use Among People Who Are Homeless

Drug use is recognized as a major problem affecting about one-third of the people who are homeless and has been documented through survey and urinalysis data (Interagency Council on the Homeless, 1991). In her review of 80 earlier studies, however, Fischer (1989) found that the estimated rates of drug use ranged from 1% to 90%. This variation is likely to stem from differences in the types of sites used, definitions of homelessness, and variability in eligibility criteria for admission to shelters and access to services. Noted below are highlights of findings from studies undertaken since Fischer's review that have focused on homelessness and alcohol and drug use.

- The New York City Commission on the Homeless (1992) found that self-reported drug or alcohol use ranged from 3% among the women in single shelters to 12% among the men in single shelters. Urine tests with a smaller sample of volunteers, however, were 30% to 80% positive for illicit drugs. Drug use was highest in the "warehouse" type of shelters and lowest in the "specialized" shelters.
- Spinner and Leaf (1992) found that, in a sample of New Haven shelter residents, 54% reported using drugs in the past month and 7% identified alcoholism or drug use as the major reason for their becoming homeless.
- Davidson (1991) found that the combined rate of substance abuse, mental illness, and mental retardation was 67% among people served by nine shelters in Northern Virginia but reached a nearly universal 96% rate among those who were on the shelters' "do not admit" list on the same day.

- Milburn and colleagues (1990) found that, in a 1988 random sample of shelter residents in DC, 60% reported lifetime illicit drug use, 35% past year use, and 24% past month use.
- Johnson and Barrett (1991) found that, in a sample of shelter, soup kitchen, and single room occupancy (SRO) hotel users in Cook County, 60% reported lifetime use of illicit drugs, 35% past year use, and 20% past month use.
- Koegel, Burnam, and Farr (1990) found that 66% of homeless people from shelter and soup kitchen samples in Los Angeles had problems with mental illness, substance abuse, or both (based on criteria of the Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised, DSM-III-R; see American Psychiatric Association [APA], 1987), and that they appeared as likely to spend time in the streets as in shelters.
- Gelberg and Linn (1989) found that, in a purposive sample of shelter and street people in Los Angeles, 50% were current users of illicit drugs.
- Rossi (1989) found that, in a shelter and street sample in Chicago, 33.2% had been in detoxification one or more times and 10.1% were unable to work because of alcoholism.
- Breakey and colleagues (1989) found that 17% of the women and 22% of the men interviewed in jails and shelters in Baltimore met the DSM-III-R criteria for drug dependence or abuse.
- Burt and Cohen (1989) and Burt (1992) found that, in a national sample of shelter and soup kitchen users, 37% of the men, 19% of the single women, and 7% of the women with children had received inpatient treatment for chemical dependency.
- Susser, Struening, and Conover (1989) found that 38% of the men entering New York City shelters for the first time had used a drug other than marijuana 50 or more times.
- Vernez and colleagues (1988) found that 48% of the homeless people using shelters, soup kitchens, or encampments in three California counties met DSM-III-R criteria for drug dependence, with 22% being dually diagnosed with a mental problem.

Several conclusions follow from this review. First, the rates of lifetime, past year, and past month illicit drug use are higher in homeless subpopulations than in the household population (e.g., in the National Institute on Drug Abuse's 1990 NHSDA [NIDA, 1991b]: 37% of the population aged 12 and older indicated lifetime drug use, 13% past year drug use, and 6% past month drug use). Second, samples from shelters only (i.e., samples that do not include persons from soup kitchens or street/encampments) are likely to underrepresent the extent of drug use among the homeless population. Third, there is wide variability across geographic areas, institutions, and homeless population subgroups in the extent of drug use.

1.5 Special Methodological Issues

1.5.1 Definitions of Homelessness

A "literal" definition of being homeless has been in use since the early 1980s that emphasizes an immediate lack of housing. Those who slept in nondomiciles (e.g., streets, encampments, vacant buildings) or emergency shelters were considered homeless. A methodological advantage of this definition is that the universe of homeless persons can be quantified by examining where someone slept on a given night (Rossi, 1989). This "literal" definition of homelessness has been used in prior studies, including the Robert Wood Johnson Study in Chicago (Rossi, Fisher, & Willis, 1986) and the Food and Nutrition Service's National Study (Burt & Cohen, 1988).

The "literal" definition of homelessness has disadvantages, however. The first is that the line between people who are literally homeless and those who are precariously housed and/or poor is thin and easily crossed (Rossi, 1989). Consequently, a literal point-in-time definition often excludes people who may be of interest, including many who may reside in low cost hotels or who once were viewed as fitting the stereotype of a homeless person. Second, this definition may exclude people who use homeless services and are eligible for assistance under the 1987 Stewart B. McKinney Homeless Assistance Act (see also Dennis, 1991; James, 1991). Third, the episodic nature of homelessness can make broader definitions more useful for program planners and clinicians. Santiago and colleagues (1988), for instance, found that changing their definition from "currently homeless" to "homeless in the last 3 months" increased the number of people identified as homeless from 106 to 159 (50%) in a sample of 475 patients from the Kino Hospital Psychiatric Unit in Phoenix, Arizona. This latter group is at risk of becoming homeless again and may be in need of aftercare services that would be given to the "currently homeless."

More recent definitions have included people who are literally homeless and who are in transition into or out of homelessness as indicated by their use of services for the "homeless" (Dennis, 1991; Dennis & Iachan, 1992; Etheridge, Dennis, Lubalin, & Schlenger, 1989; James, 1991; Taeuber & Siegel, 1991). The transitional population is marginally or precariously housed and composed of many who have prior histories of homelessness. Its members are identified by (a) use of soup kitchens, health care clinics, and outreach programs for homeless people, or (b) pending departure from an institution (e.g., hospital, jail) with no resources or place to go.

1.5.2 Population Coverage and Defining Sampling Frames

The two-tiered definition of homelessness (i.e., literal and transient) implies the need to include soup kitchens, day programs, and institutions as sampling sites. Although shelters and streets may suffice as sampling sites for identifying people who are literally homeless, they would have missed half of the people surveyed in Chicago's soup kitchens

during the mid-1980s (Sosin, Colson, & Grossman, 1988). A second reason for including this second tier is that experimental programs to reduce homelessness among people with possible mental illnesses or other problems often start with people discharged from hospitals or jails (Etheridge et al., 1989; Huebner & Crosse, 1991).

One of the more compelling reasons for sampling multiple types of sites is that shelter surveys alone may underrepresent subgroups of potential interest and thus may introduce a potential bias in information about homeless people (Dennis & Iachan, 1991; Iachan & Dennis, 1991). A recent review (Dennis, 1991) found 13 other probability-based homeless studies that attempted to address this potential bias by supplementing shelter surveys with samples of people drawn from other locations (Breakey et al., 1989; Burnam, Koegel, & Duan, 1990; Burt & Cohen, 1989; Farr, Koegel, & Burnam, 1986; Hamilton, Rabinovitz, & Alschuler, Inc., 1986; Ringwalt & Iachan, 1990; Roberston, Piliavin, & Westerfelt, 1990; Rossi et al., 1986; Vernez et al., 1988).

1.5.3 Risk and Multiplicity Over Time

Because the homeless population is geographically mobile, sampling schemes should take into account that multiple selections of the same individuals over time are possible and that the potential exists for time-related trends to bias the data (i.e., drug use may peak when people receive welfare checks or are paid at the beginning of the month). Capture-recapture methods, which have been used successfully in other research areas, have often been proposed to estimate populations over time (e.g., the number of unique people who are homeless in a year); however, no applicable statistical model has yet been demonstrated to be effective with the homeless population (Cowan, Breakey, & Fischer, 1988).

Determining the number of people who could be double-counted and the overlap among multiple frames are common problems in designing a probability-based sample of the homeless population. When an overlap cannot be defined away or overlap is suspected, it is necessary to measure and adjust for the overlap in order to obtain accurate population estimates. In studies of the homeless population, assessing the potential for double-counting has been done by asking people about their sleeping quarters and/or service utilization in the last 7 to 30 days (e.g., Burt, 1992; Burt & Cohen, 1989; Farr et al., 1986). A common practice is to extrapolate this number to the last 12 months or a lifetime. A problem with this technique is that the same individual may become homeless at several points in a year. Intermittently homeless people may bias the resulting adjustments and produce annual estimates of unique episodes, not unique individuals.

A second set of time-related problems relevant to sampling homeless people includes the effects of seasonal changes on use of service systems (Dennis, Iachan, Thornberry, & Bray, 1991). Seasonality affects the number and distribution of homeless people and can influence the optimal allocation of the sample. For example, because more people seek shelter in cold weather, more observations are required from shelters than from the streets in the winter, and conversely in the spring. Sampling over time can control for much of this variation and allow seasonal trends to be examined (Iachan, 1989).

2.0 OVERVIEW OF METHODOLOGY

This chapter provides an overview of the sampling, survey, and analysis methodology used in the Homeless and Transient Population Study. A detailed discussion of methodological issues is provided in Appendix A.

2.1 Definition of Target Population

The study focused on people who were either literally homeless or at risk of homelessness. An eligible person met one of the following conditions:

- someone who stayed overnight in an emergency shelter for homeless people, runaways, or neglected or abused women;
- someone who stayed overnight in a house, apartment, or room paid for with municipal emergency housing funds;
- someone who stayed overnight in a nondomicile, such as a vacant building, public or commercial facility, city park or car, or on the street;
- someone whose regular place to stay was a nondomicile regardless of where he/she stayed the prior night (e.g., people who traded sexual favors for shelter or spent one night in a hotel or hospital); or
- someone who was using a soup kitchen or emergency food bank serving the homeless population.

A screener was administered to potential respondents in the street and encampment settings to exclude those who were not literally homeless. This screener was used at the soup kitchen sites to allow a subgroup of literally homeless people to be identified, but it was not used to exclude people. It was not necessary to use the screener among shelter users.

People who were cognitively impaired and could not complete the interview were excluded. Impairment was defined by extreme intoxication or scoring more than nine on the Short Blessed Exam (Katzman, Brown, Fuld, Peck, Schecter, & Schimmel, 1983). The Short Blessed Exam was an addendum to the main questionnaire for use when interviewers suspected that respondents were too cognitively impaired to complete the interview (see Appendix D).

2.2 Overview of Research Design

The research was designed to develop estimates of drug use and characteristics of the homeless and transient population in the DC MSA on an "average" day between February and June 1991. Four temporal samples of 16 days each were selected in the months of

February, March, April, and June 1991, at a rate of 4 days per week. Spatially there were one to two samples (with replacements) from each of the four sample frames: two samples of shelters, one sample of soup kitchen meals, one sample of encampment clusters, and two two-stage samples of street census tracts and blocks. The data in this report are based on 908 interviews, including:

- 477 interviews with residents in 93 shelters during 64 days randomly sampled in February, March, April, and June 1991;
- 224 interviews with patrons of 31 soup kitchens and food banks during 16 days randomly sampled in June 1991;
- 143 interviews with literally homeless people from 18 major clusters of encampments during 16 days randomly sampled in June 1991; and
- 64 interviews with literally homeless people from an area probability sample of 432 census blocks sampled from the entire MSA during 48 days randomly sampled in February, March, and April 1991.

The months and number of days vary among the sampling frames because the study design was changed at the end of April 1991 to address several problems with the street component. These problems included higher than expected risks to the safety of interviewers, lower than expected numbers of completed interviews, and higher than expected overlap between the street and alternative sampling frames. The initial design used random samples of shelter and street people as a replication of the Chicago study (Rossi et al., 1986). In the redesign, which was implemented in June 1991, the shelter sample was maintained, but the random street sample was replaced with samples from soup kitchens and encampments. The changes in the design and their implications for the analysis are discussed in Appendix A.

The institutional response rate for shelters and soup kitchens combined was 82.6%. The response rate for eligible individuals across the four frames was 86.1%. The street and encampment components include screener data on 356 people to determine whether they were literally homeless. Observational data were collected on all 1,378 people who were approached across the four frames, including people who completed an interview, broke off an interview, were not literally homeless, were too cognitively impaired to complete an interview, or refused to do a screener or main questionnaire. The screener response rate was 65.6%, and observational data were obtained on 99.9% of all individuals approached.

Table 2.1 summarizes the sample design, actual sample, and response rates for the four frames. Appendix A provides detailed descriptions of the sampling design and response rates, including an analysis of the potential for screener nonresponse bias in the street/encampment frame.

Table 2.1 Summary of Design, Response Rates, and Actual Sample

Component/Sampling Stage/Unit	Method of Random Sampling (Period)	Probability (Size Measure)	Response Rate (%) ¹	Actual Sample
1. Shelter sample				
1a. Days ²	Stratified by week (2/91-4/91, 6/91)	Equal	100.0	64
1b. Shelters	Stratified by bed capacity	Equal within strata	78.6	93
1c. Clients	Simple systematic	Equal	89.9	477
2. Soup kitchen sample				
2a. Days ²	Stratified by week (6/91)	Equal	100.0	16
2b. Meal sittings ³	Probabilities proportionate to size	(Avg # of people served)	96.9	31
2c. Clients	Simple systematic	Equal	75.2	224
3. Encampment clusters				
3a. Days ²	Stratified by week (6/91)	Equal	100.0	16
3b. Clusters ⁴	Certainty	Equal	100.0	18
3c. People approached ⁵	Certainty	All	91.0	153
3d. Literally homeless ⁶	Certainty	All	97.9	143
4. Street sample				
4a. Days ²	Stratified by week (2/91-4/91)	Equal	100.0	48
4b. Tracts	Stratified by expected density	Equal within strata/month	100.0	64
4c. Blocks	Stratified by expected density	Equal within strata/month	93.0	432
4d. People approached ⁵	Certainty	All	57.3	203
4e. Literally homeless ⁶	Certainty	All	80.0	64
Total institutions (shelter and soup kitchen)				
Total observations (people approached regardless of eligibility)			82.6	123
Total screener respondents (encampment and street only)			99.9	1,378
Total respondents			68.2	356
			86.1	908

¹Excludes institutions that no longer served homeless people who were cognitively impaired; days, clusters, tracts, and individuals were sampled without replacement; shelters, meals, and blocks were sampled with replacement; detailed breakdowns of the institutional and individual response rates are given in Tables A.2 and A.3 of Appendix A.

²Days were sampled from 4-week periods in February, March, April, and June 1991, with the shelter component using days from all 4 months, the soup kitchen and encampment components only using days from June, and the street component using days from February, March, and April. See text.

³Because some programs served multiple meals, had multiple sittings for a meal, or made multiple stops with food wagons, the sitting (or stop) was used as the primary sampling unit.

⁴Encampments were defined as contiguous census blocks and were grouped into clusters ranging in size from 1 to 160 census blocks.

⁵Excludes people in uniform (e.g., police), engaged in work (e.g., taxi drivers, newspaper deliverers), and illegal activities (e.g., breaking and entering, prostitution).

⁶Someone who stayed in a shelter or in a nondomicile during the past night or who lacks regular and reliable access to a domicile (e.g., someone trading sex for shelter).

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

2.3 Overview of Survey Methodology

The interviews were anonymous and conducted in-person, with the exception of seven in domestic violence shelters that were self-administered to ensure respondent privacy. The interview was designed to last about an hour but varied with the extent of the respondent's drug use history and problems. The median interview length was 40 minutes, with a range of 10 to 185 minutes, and 90% of the interviews were completed in 20 to 70 minutes. All respondents were given \$10 at the end of the interviews to compensate them for their time. Street and encampment respondents were offered juice, coffee, and pastries. The shelter and soup kitchen providers were offered packages of toothbrushes, diapers, or coffee and creamer to compensate them for allowing the on-site interviews to be conducted. Observational data were collected on everyone who was approached, regardless of his/her eligibility or level of participation. People who were intoxicated or cognitively impaired were excluded, as explained earlier.

The study presented situations and problems different from those encountered in a general household population survey. The interviewers had to exercise judgment and sensitivity toward the homeless population and feel comfortable in an unusual data collection environment. The ideal interviewer was one who had experience with both survey interviewing and the homeless population. Because persons with both qualifications were difficult to find, individuals who had experience with homelessness were preferred on the grounds that their expertise with this population would facilitate entree, rapport, trust, and credibility in the interviewer-respondent relationship. Local providers helped identify individuals who provided services to homeless people, such as outreach workers, shelter operators, or individuals who had been or were themselves homeless. Of the 24 data collectors assigned to the street component of the study, 8 were shelter staff members and 14 were currently homeless.

Data collectors attended a 3-day training session on implementation of the sampling and data collection procedures, conduct of the questionnaire, and interviewer-interviewee interactions. Some of the issues addressed during training were:

- ways to interact sensibly and sensitively with homeless individuals;
- different approaches to people living on the street and those living in shelters; and
- how to be prepared for potential problems related to security and safety.

The training sessions included instructions from a psychiatric social worker employed by a local shelter and discussions of observations by the data collection staff on their personal experiences with homelessness. All teams were observed in the field by their supervisors

and the research staff. They also attended 2-day follow-up and refresher training sessions in March and May 1991.

Data collectors were provided with special supplies to prepare them for their data collection tasks and to ensure their safety. These included an orange backpack, white jacket, flashlight, hand-held foghorn, and cellular telephone. Each of the two street supervisors used a rented van to transport interviewers to their assigned blocks. Interviewers were sent out in teams of two to five people as a security precaution. Several security problems occurred in the street component, including threats from drug dealers, gangs, and other criminal elements in the community, but none of the threats originated from a homeless person. A more detailed discussion and evaluation of the equipment and data collection procedures is provided in Appendix A.

2.4 Definitions of Key Demographic, Homelessness, and Substance Use Measures

Throughout this report, three sets of variables are used to describe homeless people. They are (a) demographic characteristics, (b) homelessness characteristics, and (c) drug/alcohol use. The demographic and drug/alcohol use variables are comparable to those used in the 1990/1991 NHSDA (NIDA, 1991a). The homelessness correlates are comparable to those used in prior research (Burt & Cohen, 1988; Dennis, 1991; Farr et al., 1986; Milburn et al., 1990; Rossi et al., 1986) and by the Interagency Council on the Homeless (1991). The actual number of respondents in each demographic and homelessness category is given by frame in Appendix A. Weighted population estimates are provided in Chapters 3.0 and 4.0, and corresponding tables with standard errors and unweighted number of respondents are presented in Appendix B.

The demographic correlates of drug use in this analysis include sex, age, race/ethnicity, marital status, location within the DC MSA, adult education, and current employment. These terms are defined below:

Sex	Categorized as male and female.
Age	Categorized as 12 to 25 years, 26 to 34 years, and 35+ years. The NHSDA categories of 12 to 17 years and 18 to 25 years were collapsed because of small sample sizes.
Race/ Ethnicity	Following the current U.S. Bureau of the Census classification, persons were grouped into four racial/ethnic groups: white, black, Hispanic, and other. Persons referred to as "white" are those who reported that they are "white," but "not of Hispanic origin." Similarly, persons referred to as "black" are those who reported being "black," but "not of Hispanic origin." Because relatively few respondents were classified as "other," separate prevalence estimates were not developed for this group, although they were included in the overall prevalence rates.

Marital Status	Categorized as single (never married), currently married (including living as married), and divorced/widowed.
Location	The DC MSA is categorized into three geographic locations: the District of Columbia; Maryland (including the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince Georges); and Virginia (including the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford, and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park).
Adult Education	Categorized as less than high school, high school graduate, and any college. As in the NHSDA, individuals with general equivalency diplomas (GEDs) were not treated as high school graduates. This variable was not applicable for persons aged 12 to 17.
Current Employment	Categorized as full-time, part-time, unemployed, and other (retired, disabled, homemaker, student, or not in the labor force). This variable was not applicable for persons aged 12 to 17.

Several tables in Chapter 7.0 examine the overlap between this population and other nonhousehold and hard-to-reach DC*MADS populations. The latter include persons who may reside in someone else's household (doubled-up), group quarters, or institutions (incarcerated, other), or who may be criminal offenders, school dropouts, treatment clients, or pregnant women. The definitions are footnoted and summarized in the glossary in Appendix E.

Three variables are used to summarize homelessness. First, the number of prior episodes and length of the current episode are combined into a summary measure called "stage of homelessness." This measure is based on a typology developed by Farr, Koegel, and Burnam (1986) and recently expanded by Dennis (1991). Second, the types of service the person has used in the past month are summarized both overall and in terms of the specific services used. Third, the actual location where the respondent was found and sampled from is identified as the sampling location. The specific terms are defined as follows:

Stage of Homelessness	Categorized as newly homeless (first time and less than 6 months), chronically homeless (first time and more than 6 months), intermittently homeless (more than one episode of homelessness and currently homeless), and at risk of homelessness (using a soup kitchen but not literally homeless). In addition to currently using homeless services, the majority of people at risk of homelessness also had histories of being homeless (i.e., those who are transient and precariously housed).
Past Month Service Use	Categorized by use of services in the past month (shelter, soup kitchen, both, or none). The "none" comes only from the street and encampment samples.

Sampling Location	Categorized by the location where the interview took place (shelter, soup kitchen, encampment, street).
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Several tables in Chapter 7.0 examine selected McKinney Homeless Assistance Act groups of homeless people, including those who were literally homeless, physically ill, heavy alcohol drinkers, past month drug users, mentally ill, unemployed, veterans, youth (under 21), or families. The definitions are footnoted and summarized in the glossary in Appendix E.

Measures of substance use include reports for cigarettes, alcohol, marijuana (including hashish), cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP]), heroin, and nonmedical use of each of the prescription-type psychotherapeutic drugs (stimulants, sedatives, tranquilizers, and analgesics). Separate estimates were obtained for crack and stimulants. (Separate estimates for methamphetamine [ice] use were not warranted because so few people reported even lifetime use [n=6].)

To examine the extent of involvement in illicit drug use, two summary measures were constructed: "any illicit drug use" and "any illicit drug use except marijuana." The prevalence of use of illicit drugs, alcohol, and tobacco was examined for three time periods:

Past Month Use	Use of a substance one or more times in the month before the interview (also referred to as <i>current use</i>).
Past Year Use	Use of a substance one or more times in the year before the interview.
Lifetime Use	Use of a substance at least once in the individual's lifetime.

Data on heavy alcohol use in the past month were also collected. Heavy alcohol use was defined as having five or more drinks per occasion on 5 or more days in the past month (i.e., drank heavily at a rate of at least 5 days/30 days). If the person had become homeless in the past 30 days, a comparable criterion was used based on the number of days of heavy drinking while homeless divided by the number of days homeless. For example, if a person drank heavily (5 or more drinks per occasion) on 3 days during a 15-day episode of homelessness, heavy drinking would be evaluated on the basis of 3 days/15 days. Because this rate is higher than weekly use (i.e., $3/15 = 6/30 \geq 5/30$), the person would be considered a heavy drinker.

Three types of illicit drug users and three types of alcohol users were examined in this analysis to assess the correlation between drug use and other problems. For illicit drug use, classifications were:

Current Drug Users	People with any illicit drug use in the past month.
Past Drug Users	People with lifetime illicit drug use, but no past month illicit drug use.
Nonusers of Drugs	People with no history of illicit drug use.

For alcohol use, classifications were:

Heavy Alcohol Users	People who had five or more drinks on 5 or more days in the past month (or the prorated equivalent--5/30--while homeless).
Other Alcohol Users	People with lifetime histories of alcohol use, but no heavy alcohol use in the past month.
Nonusers of Alcohol	People with no lifetime history of alcohol use.

Chapter 5.0 provides the demographic and homelessness characteristics of the three drug use groups. Chapter 6.0 explores the relationship between the drug and alcohol use groups and co-occurring problems and behaviors (e.g., alcoholism, mental illness, physical illness, illegal activities, and unemployment). Although this study did not determine the causal direction of these relationships, it does identify several relationships that may merit further study.

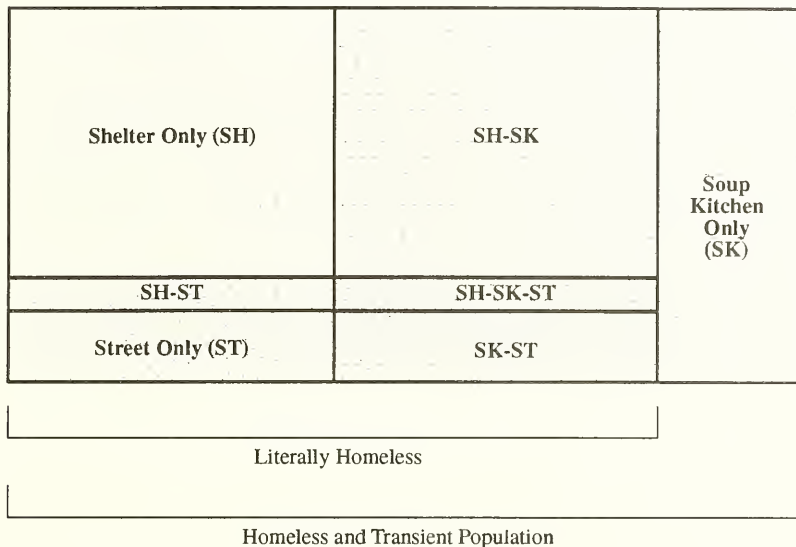
2.5 Analytic Approach and Statistical Significance

2.5.1 Adjusting for Potential Multiplicity

The Homeless and Transient Population Study developed theoretically unbiased estimates of the size and characteristics of the homeless population in the DC MSA for an "average" day during the data collection period. The effects of potential multiple counting were minimized by only working in a few areas on any given day, temporal stratification, and random assignment of sampled units (e.g., shelters, soup kitchens, encampments, blocks) to days. Even within this "average" day, however, a respondent could be in more than one sample frame, as shown in Figure 2.1.

For example, a person could be sampled in a shelter, leave in the early morning and be sampled again on the street, and/or go to a soup kitchen for breakfast. Twenty-eight (3%) of the homeless people reported being interviewed more than once over the entire period of data collection. Of those 28, however, 15 gave dates outside the actual period of

Figure 2.1 Potential Universe and Sampling Locations for Surveying the Homeless and Transient Population



Note: For the purposes of this schematic, encampments can be thought of as a subset of the street frame.

Source: NIDA 1991 DC*MADS Homeless and Transient Population Study.

data collection (possibly confusing this study with other research projects), and no one reported being interviewed twice in the same day or even the same week. Nonetheless, it is the theoretical potential for being sampled more than once that affects a person's probability of selection and, consequently, creates the need for a multiplicity adjustment to the analysis weights.

Figure 2.1 shows that no one frame is sufficient to cover the population. Yet even in a 24-hour period, using multiple frames can result in multiplicity. The procedures used here for adjusting for multiplicity are discussed in Appendix A, and the results are summarized in Chapter 3.0. A brief summary of the adjustment method is given below.

Respondents were asked about the extent to which they had gone or were planning to go into shelters or the street (4:00 to 5:30 A.M.) on the sampled day. They were asked how often they use soup kitchens. The responses to these questions and the location of the interview were used to classify people as having been (or as probably going to be) in a shelter, soup kitchen, and/or street location (including the encampments). Respondents were then categorized as having been in one of the seven possible combinations of places where they could have been sampled in the assigned 24-hour period. Weights were adjusted for people who could have been selected in more than one place by dividing the weights by two for anyone who could have been sampled from two locations, and by three for those who could have been sampled from three locations. On average, this procedure evens out the weights across the two or three sources.

2.5.2 Identifying Low-Precision Estimates

The sample for the DC*MADS Homeless and Transient Study was designed to produce estimates representative of the homeless and transient population on an average day between February and June 1991. Like any sample survey, the estimates shown in this report are subject to two types of error: nonsampling error and sampling error. Nonsampling error results from factors such as nonresponse, misreporting of data by the respondent, and miscoding of responses. Although the extent of nonsampling error cannot be precisely measured, attempts can be made to reduce it through quality control procedures and other means. Appendix A describes the quality control procedures that were used to reduce nonsampling error in this study.

Sampling error results from collecting data from a subset rather than from everyone in the population. Also known as sampling variability, sampling error is the variation among a set of estimates that would be observed if repeated samples of the same type were drawn from the same population. The magnitude of sampling error depends on (a) the inherent variability of the measured attribute in the population; (b) the sample size; (c) the extent of homogeneity of the sample on the variable in question (based on factors such as

similarity of respondents within sample clusters and dissimilarity between clusters); and (d) the type of sampling and estimation procedures used. Sampling theory provides a basis for calculating the degree of sampling error; two commonly reported measures are the standard error (SE) and the relative standard error (RSE), i.e., the SE expressed as a percentage of the estimate. SEs for the estimates in this report are presented in Appendix B. SEs are used to compute confidence intervals for estimates and also enter into the calculations required to test the statistical significance of the difference between two estimates. Appendix C shows the results of difference tests for pairs of estimates in the main tables of this report.

Estimates subject to a high degree of sampling error are considered to have low precision. Low precision has been defined in many ways with no common definition used across various sample surveys. Thus, as in specifying an alpha level for conducting tests of significance or constructing confidence intervals, there will always be some subjectivity in defining low precision.

The precision criterion applied to the estimates in this report was originally developed for the 1991 National Household Survey on Drug Abuse and is based on the RSE of the natural logarithm of the estimate. This criterion, which is discussed in detail in Appendix A, is somewhat conservative and tends to require relatively large sample sizes to obtain an acceptable level of precision. When this criterion is used, low precision may occur if prevalence rates are close to zero or 100 percent or when the number of respondents in a particular subgroup is small. Application of this precision criterion to the DC*MADS data results in a large number of estimates being identified as low in precision. These low-precision estimates are shown and flagged with an asterisk (*). Flagged low-precision estimates are presented in recognition of the exploratory nature of the DC*MADS studies and because of their potential utility to investigators involved in related areas of research. The reader should exercise caution in using these estimates and is encouraged to use the SEs in conjunction with the estimates.

There is one exception to the presentation and flagging of low-precision estimates. Estimates based on data from fewer than 30 respondents tend to exhibit more extreme sampling variability and are not shown in this report. These estimates have been eliminated either by collapsing table cells into larger groups or by not displaying the affected categories. Consequently, certain categories for some variables, such as the "other" category in race/ethnicity, are not shown in the tables.

2.5.3 Testing for Statistical Significance

For Chapter 4.0, pairwise z-test comparisons were made using SUDAAN (Research Triangle Institute [RTI], 1990) software for rates of marijuana, cocaine, other illicit drug, and alcohol use between each of the key demographic and homeless subgroups. With SUDAAN, these z-tests examine the magnitude of the difference between the rates while taking into account the size of the sample cluster effects resulting from the sample design and the variation among sample members. A difference in rates of use is defined as "statistically significant" when there is a 0.95 or greater probability that the two populations being compared actually have different prevalence rates. Differences that are statistically significant at the 0.05 level (0.95 nondirectional probability) are noted in the text as $p < .05$. The results of all pairwise drug use and alcohol comparisons are reported in Appendix C.

Statistically significant differences may not be found even though the rate for one group may be from 50% to 100% higher or lower than for the comparison group if the rate of use is low. For example, if the rate of use for one group is 1% and the rate of use for the comparison group is 1.5%, it is unlikely that the difference between these two groups would be statistically significant. The magnitude of the difference between these two groups is so small (0.5%) that it is difficult to detect whether the two groups truly differ in their rate of use or if the difference is due to sampling error. Statistically significant differences have been suppressed when one or more of the estimates have low precision. Such a comparison might otherwise be unreliable or misleading. A detailed discussion of testing for statistical differences is included in Appendix A.

3.0 POPULATION CHARACTERISTICS

This chapter describes the population characteristics of the homeless and transient population, aged 12 and older, in the DC MSA during an average day between February and June 1991. It includes discussions of the population's size and distribution, demographic characteristics, histories of homelessness, service use, and geographic movement. For selected characteristics, similar information is described for the household population using 1991 NHSDA data from the DC MSA. Overlap with the other DC*MADS populations and McKinney Act groups are discussed further in Chapter 7.0.

3.1 Size and Distribution of the Homeless and Transient Population

There are many ways to define homelessness. At one extreme it can be defined as the literal lack of shelter on a given night. Other definitions are broader and include those who are at risk of becoming homeless because they have no regular place to stay, have recently been homeless, or are currently using services for homeless people (e.g., the McKinney Act; authors and studies cited in Chapter 1). Still other definitions of homelessness have sought to include people who are doubled up or living on a fraction of the U.S. Department of Health and Human Services (DHHS, 1991) Poverty Income Guidelines (\$11,140 for the average family of three in the DC MSA) because they may be one crisis away from becoming homeless.

This study found that, on an average day in the DC MSA in 1991, there were approximately 8,356 people who were literally homeless and 10,387 who were currently homeless or at imminent risk of becoming homeless. Data from the 1991 NHSDA DC MSA sample showed that there were approximately 112,640 people in the household population living on less than 25% of the DHHS poverty guideline (an average of \$2,785 for a family of three) and 317,450 people in the household population living below the DHHS poverty guideline. This study focuses on the 10,387 people who were literally homeless or at imminent risk of becoming homeless.

The 95% confidence interval of the estimate presented here ranged from 9,031 people to 11,743 people. Approximately 56.3% of the homeless people used shelters for at least part of the night; 65.2% visited at least one soup kitchen or food bank mobile unit, and 20.5% spent at least part of the early morning hours (4:00 to 5:30 A.M.) on the street or in a nondomicile (e.g., vacant building, under a bridge, in a park). All but 6.8% used a shelter and/or a soup kitchen in a typical 24-hour period. Of those who were not in shelters, approximately one out of three (16.1% out of 43.7%) spent the night in nondomicile or street locations, and nearly two out of three (27.6% out of 43.7%) stayed in some kind of domicile even though they were using a soup kitchen. Of this latter group, 66.4% had spent less than a night in a domicile or had lifetime histories of being literally homeless.

Figure 3.1 summarizes the estimated sizes of the main segments of the homeless population and shows how they overlap in a 24-hour period. Without adjusting for this overlap, the estimate of the homeless population in the DC MSA would have increased by 42% from 10,387 unique people to 14,744 person-contacts. This finding is important for two reasons. First, many researchers have tried to use a 1-day blitz to avoid duplication. Based on these data, such efforts must now be considered upwardly biased. Second, service providers should use the higher number of person-contacts when estimating need (e.g., someone who needs both a shelter bed and to be served in a soup kitchen consumes two slots of services). More details on the overlaps and descriptions of how their sizes were estimated are provided in Appendix A.

The U.S. Bureau of the Census (1992) estimate of 6,541 shelter residents in the DC MSA on March 19, 1990, is just within the 95% confidence interval of the estimate presented here for an average day in the first half of 1991 (i.e., 4,964 to 6,724). The lower estimate here of 5,844 shelter residents in 1991 may be due to the inclusion of summer data in the DC*MADS sample (i.e., more people staying outside in warmer weather), or the result of reduced shelter capacity in DC after the repeal of the "right to shelter" ordinance in November 1990.

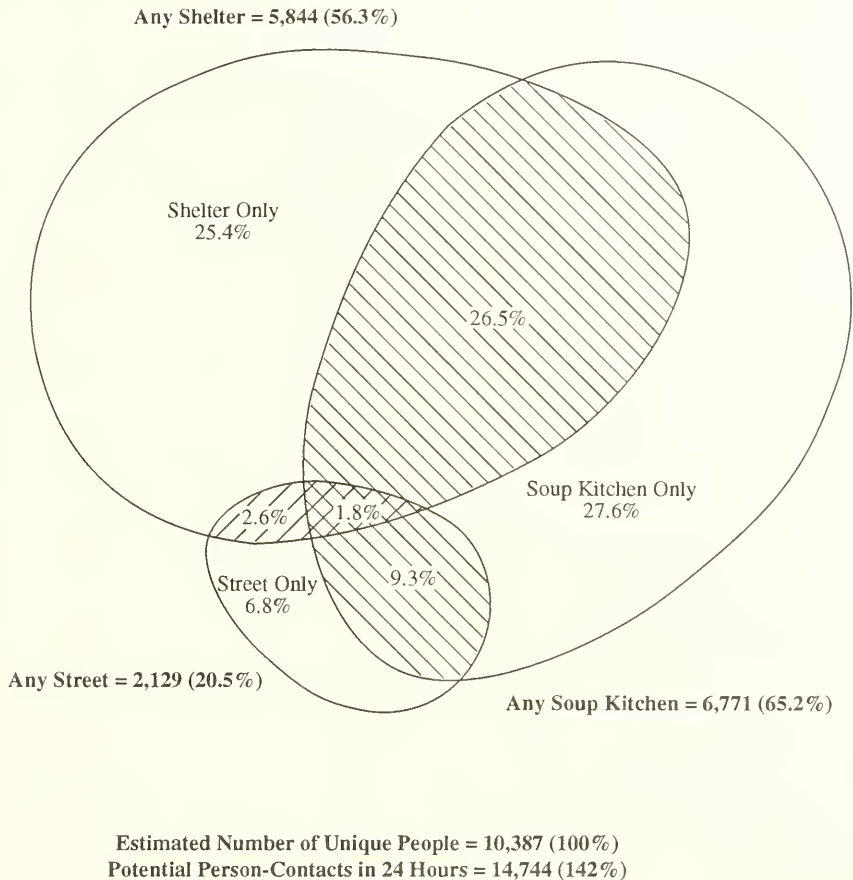
The census' count of people in purposively selected street locations (U.S. Bureau of the Census, 1992) is not directly comparable to the estimate here for the randomly selected street locations either methodologically (i.e., the census used "purposive" sampling design whereas DC*MADS used a "representative" sampling design) or in the resulting estimates (345 people counted by the census vs. 2,129 estimated people screened homeless in DC*MADS). The main difference is that the DC*MADS study sampled from street areas randomly sampled from the entire MSA, while the census used only areas identified by local officials.

The DC*MADS data suggest that, by not sampling or counting from soup kitchens and/or randomly sampled street areas, the census may have missed approximately a third of the homeless population in the DC MSA as defined in this study. The DC*MADS data also suggest that the census could have covered all but 6.8% of the total homeless population on an average day (missing just those who resided only on the street) by sampling people solely from soup kitchens and shelters.

3.2 Demographic Characteristics

Table 3.1 presents the demographic characteristics (see Section 2.4) of the homeless and transient population. Separate estimates are provided for each of the four sampling frames (i.e., shelter, soup kitchen, encampment, and street) to show how they are related to the multiplicity-adjusted total population estimate that is used throughout the report. The

Figure 3.1 Size and 24-Hour Overlap of the Three Subpopulations of Homeless People in the DC MSA



Note: The total size of the homeless and transient population on an average day in February through June 1991 was 10,387 with 95% confidence intervals of 9,031 to 11,743. The estimated size and 95% confidence intervals for each segment are given in Table A.5 of Appendix A.

Source: NIDA 1991 DC*MADS Homeless and Transient Population Study.

Table 3.1 Weighted Demographic Characteristics of the Homeless and Transient Population in the DC MSA, by Sample Type and Overall

Demographic Characteristic¹	Shelter	Soup Kitchen	Encampment Cluster	Street	Total²
Total	100.0	100.0	100.0	100.0	100.0
Sex					
Male	64.8	86.3	87.7	86.5*	75.9
Female	35.2	13.7	12.3	13.5*	24.1
Age group					
12-25 years	17.0	13.0	6.6	17.2*	15.0
26-34 years	35.3	36.2	31.8	44.8*	36.8
35+ years	47.7	50.8	61.6	38.0*	48.2
Race/ethnicity³					
White	15.2	16.6	25.3	5.6*	16.5
Black	76.5	77.9	65.4	84.1*	75.8
Hispanic	7.4	4.6	4.0	0.8*	5.9
Marital status					
Single	55.8	57.1	55.0	75.5*	59.7
Married	8.6	8.6	11.8	1.3*	8.3
Divorced/widowed	35.6	34.3	33.2	23.3*	32.1
Location⁴					
DC	74.4	69.6*	91.6	88.7*	71.0
Maryland	8.6	17.1*	2.1	9.4*	14.0
Virginia	17.0	13.3*	6.3	1.8*	15.0
Adult education^{5,6}					
Less than high school	32.9	45.4	36.0	48.6*	40.1
High school graduate	42.3	36.2	38.2	41.3*	39.3
Any college	24.8	18.4	25.8	10.1*	20.6
Current employment⁶					
Full-time	24.0	24.0	11.5	6.4*	21.5
Part-time	14.5	11.7	14.0	4.9*	12.2
Unemployed	41.1	58.9	53.6	82.5*	54.1
Other ⁷	20.4	5.4	20.9	6.2*	12.2
Total population [row %]⁸	(56.3)	(65.2)	(1.7)	(20.5)	(100.0)
Population estimate⁸	5,844	6,771	174	2,129	10,387

*Low precision.

¹Except for population estimates, data entries are percentages. Unweighted demographic characteristics and numbers of respondents are reported in Table A.4 in Appendix A; standard errors are given in Table 3.1SE in Appendix B.

²Percentage adjusted for multiplicity between samples.

³The category "other" for race/ethnicity is not shown because there were too few cases (n=39).

⁴The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁵As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁶Persons aged 12 to 17 (n=13) are excluded from the estimates of adult education and current employment.

⁷Retired, disabled, homemaker, student, or "other."

⁸Columns are not mutually exclusive for population estimates, which are based on all available data (see Table A.14). Encampments are a subset of the street frame. Because of the two- and three-way overlap in the sampling frames (see Figure 3.1), the unadjusted shelter, soup kitchen, and street columns add up to 14,744 person-contacts.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

population estimates at the bottom of the table are based on the combined data shown in Figure 3.1 (see Table A.14) and are not mutually exclusive across columns. Highlights include the following:

- The homeless and transient population was predominantly male (75.9%), with the percentage of males in shelters (64.8%) being lower than in encampments (87.7%), street locations (86.5%), or soup kitchens (86.3%).
- Nearly half (48.2%) of the population were 35 years of age or older. The highest percentage of persons over age 35 was found in encampments (61.6%), followed by soup kitchens (50.8%), and shelters (47.7%).
- The population was predominantly black (75.8%). People in encampments were more likely to be white than those in the soup kitchen or shelter components (25.3% vs. 16.6% and 15.2%).
- The majority (59.7%) of the population was single, with an additional 32.1% describing themselves as being divorced or widowed and 8.3% describing themselves as married or living as married.
- The majority of the MSA's total homeless and transient population was located in DC (71.0%). This pattern was also observed within each of the four types of sampling locations.
- An estimated 40.1% of the homeless population had less than a high school degree, 39.3% had a high school education, and 20.6% had some college experience.
- An estimated 21.5% of the population was employed full-time. This ranged from only 6.4% of the street respondents to 24.0% in the shelter and soup kitchen samples.

To put these estimates into perspective, Table 3.2 presents a comparison of the preceding demographic characteristics for the homeless and household populations in the DC MSA. The household population's percentages are estimated from the DC MSA oversample by the 1991 NHSDA. The last column in Table 3.2 gives the relative rate of homeless people in each subgroup per 10,000 people in the same subgroup in the household population. Relative to the household population, homeless people are significantly ($p < .05$) more likely to be male, between the ages of 26 and 34, black, unmarried, living in DC, less educated, and unemployed.

These data provide a means to depict the extent to which the ratio of homeless people per 10,000 people in the household population varies geographically. A comparison of the ratio of homeless to household people in each location shown in Table 3.2 suggests that the variation is large. The number of homeless people per 10,000 people in the household population is 132.7 in DC, 10.6 in Maryland, 12.5 in Virginia, and an average of 32.7 for the entire MSA.

Table 3.2 Comparison of Demographic Characteristics Between the Homeless and Household Populations in the DC MSA

Demographic Characteristic ³	Homeless Population ¹		Household Population ²		Homeless/ Household (Rate per 10,000)
	Percent	Population	Percent	Population	
Total	100.0	10,387	100.0	3,174,498	32.7
Sex					
Male	75.9	7,887	47.7	1,515,402	52.0
Female	24.1	2,500	52.3	1,659,096	15.1
Age group					
12-25 years	15.0	1,558	23.5	745,271	20.9
26-34 years	36.8	3,818	22.9	727,986	52.4
35+ years	48.2	5,009	53.6	1,701,241	29.4
Race/ethnicity⁴					
White	16.5	1,709	61.9	1,963,589	8.7
Black	75.8	7,840	27.2	861,881	91.0
Hispanic	5.9	605	5.2	164,115	36.9
Marital status					
Single	59.7	6,035	33.5	1,064,879	56.7
Married	8.3	836	50.1	1,591,309	5.3
Divorced/widowed	32.1	3,244	16.3	518,311	62.6
Location⁵					
DC	71.0	7,373	17.5	555,606	132.7
Maryland	14.0	1,455	43.1	1,369,491	10.6
Virginia	15.0	1,560	39.4	1,249,401	12.5
Adult education^{6,7}					
Less than high school	40.1	4,111	12.9	370,763	110.9
High school graduate	39.3	4,035	27.2	785,790	51.3
Any college	20.6	2,113	59.9	1,727,373	12.2
Current employment⁷					
Full-time	21.5	2,182	65.4	1,886,793	11.6
Part-time	12.2	1,239	9.1	261,005	47.5
Unemployed	54.1	5,498	4.1	118,527	463.9
Other ⁸	12.2	1,237	21.4	617,601	20.0

¹Estimates adjusted for multiplicity between samples.

²Household population, aged 12 and older, from the 1991 National Household Survey on Drug Abuse (NHSDA) DC MSA oversample.

³Data entries are percentages. Standard errors are given in Table 3.2SE in Appendix B.

⁴The category "other" for race/ethnicity is not included due to few cases (n=39).

⁵The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁶As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁷Persons aged 12 to 17 (n=13) are excluded from the estimates of adult education and current employment.

⁸Retired, disabled, homemaker, student, or "other."

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study and 1991 NIDA National Household Survey on Drug Abuse: DC MSA.

The data also permit examination of the geographic variation in the ratio of homeless people in streets to those in shelters (General Accounting Office, 1988). Using the combined population estimates and geographic location information in Table 3.1, the street-to-shelter ratios were calculated by dividing the number in the street population by the number of shelter residents. For the three main geographic locations, these were:

<u>Location</u>	<u>Street Population</u>	<u>Shelter Residents</u>	<u>Street Population per 100 Shelter Residents</u>
DC	1,889	4,448	42.5
Maryland	200	503	39.8
Virginia	39	993	3.9
Total	2,129	5,844	36.4

These ratios indicate that homeless people in the Virginia portion of the DC MSA were less likely to be on the street than homeless people in other parts of the MSA. This variation is reduced when the 20% overlap of people in the streets and shelters is considered (see Figure 3.1). However, after adjusting for the overlap, large differences remain in the size and relative distribution of the homeless population throughout the MSA.

3.3 Chronicity of Homelessness and Patterns of Service Use

Table 3.3 presents the history and chronicity of homelessness by the number of times people had been homeless, the age they first became homeless, the length of the current episode, and the summary measure called "stage of homelessness" that was discussed in Section 2.4. Estimates are presented for the four sampling frames and the total population, with an adjustment for overlap between the frames. Highlights include the following:

- An estimated 47.3% of the total population and 60.1% of those in the encampment sample had been homeless two or more times.
- An estimated 33.9% first became homeless before age 26, and an additional 32.0% did so between the ages of 26 and 34.
- The majority of the population (58.4%) had been homeless for 6 or more months in their current or most recent episode of homelessness.
- In combination, 17.7% were newly homeless, 23.4% were chronically homeless, 39.4% were intermittently homeless, and 19.6% were at risk of becoming homeless. Of this at-risk group, 66.4% had prior histories of homelessness.

Table 3.3 History and Chronicity of Homelessness, by Sample Type and Overall

History/Chronicity of Homelessness¹	Shelter	Soup Kitchen	Encampment Cluster	Street	Total²
Total	100.0	100.0	100.0	100.0	100.0
Times homeless					
None	--	10.3	--	--	7.0
1	59.0	36.3	39.9	50.1*	45.8
2 or more	41.0	53.5	60.1	49.9*	47.3
Age first homeless					
Never homeless	--	10.2	--	--	6.9
Under 26	31.0	32.5	34.6	48.0*	33.9
26-34	38.0	29.4	31.1	33.1*	32.0
35+	31.0	27.9	34.2	18.9	27.2
Length of this/last episode					
Never homeless	--	10.1	--	--	6.8
Less than 6 months	44.6	33.6	31.9	13.4	34.8
6 or more months	55.4	56.3	68.1	86.6	58.4
Stage of homelessness³					
Newly homeless	30.0	11.5	12.4	6.8	17.7
Chronically homeless	29.3	16.4	28.2	49.8*	23.4
Intermittently homeless	40.7	41.7	59.4	43.5*	39.4
At risk of homelessness	--	30.4	--	--	19.6
Total population [row %]⁴	(56.3)	(65.2)	(1.7)	(20.5)	(100.0)
Population estimate⁴	5,844	6,771	174	2,129	10,387

-- Not applicable.

*Low precision.

¹Except for population estimates, data entries are percentages. Unweighted data are given in Table A.5 in Appendix A; standard errors are given in Table 3.3SE in Appendix B.

²Percentage adjusted for multiplicity between samples.

³See Section 2.4.

⁴Columns are not mutually exclusive for population estimates, which are based on all available data (see Table A.14). Encampments are a subset of the street frame. Because of the two- and three-way overlap in the sampling frames (see Figure 3.1), the unadjusted shelter, soup kitchen, and street columns add up to 14,744 person-contacts.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 3.4 presents the patterns of service use for persons in each of the four samples. An estimated 98.8% of the total population had used either a shelter or soup kitchen in their lifetime, with 97.7% doing so in the past month and 93.2% doing so in the past day. Even when considering the encampment and street components, respectively, the large majority had used services in their lifetime (92.8% and 89.7%) and the past month (78.3% and 81.7%), and many had done so in the past day (61.2% and 46.3%).

In addition to shelters and soup kitchens, approximately 32.5% of the people had been in contact with an outreach program such as Health Care for the Homeless, with 24.8% having been in contact with an outreach program in the past month (not shown in Table 3.4). Since there are few of these programs in the DC MSA, this represents a relatively high degree of participation but would have added only 0.5% to the estimate of past month service users.

3.4 Geographic Movement

Table 3.5 presents the geographic distribution of people who were literally homeless at the current time, on the prior night, and prior to the current episode of homelessness. The table includes a fourth column for the location of the last time the homeless person was in school (a range of 1 to over 40 years). Entries are column percentages calculated independently for the current location and each prior event. Key findings include:

- The majority (76.6%) of the homeless population were in DC, with 95.4% concentrated in 8 of the 16 municipalities in the MSA.
- The aggregate homeless population movement between municipalities on a night-to-night basis was rarely more than 1%.
- An estimated 12.4% of the population became homeless outside the MSA.
- The majority (55.1%) of the homeless population had last attended school in the MSA.

The number of currently homeless people was approximately proportionate to the places where people last attended school, excluding the newcomers to the area. These findings indicate that the majority of homeless people in the DC MSA became homeless in, and have been long-time residents of, the municipalities in which they currently reside.

Table 3.4 Service Use Patterns of the Homeless and Transient Population in the DC MSA, by Sample Type and Overall

Service Use Pattern¹	Shelter	Soup Kitchen	Encampment Cluster	Street	Total²
Lifetime service use³					
Any service	100.0	100.0	92.8	89.7*	98.8
Shelter only	27.5	--	7.9	5.3*	11.9
Soup kitchen only	--	20.9	10.0	3.6*	14.6
Shelter and soup kitchen	72.5	79.1	75.0	80.8*	72.2
None	--	--	7.2	10.3*	1.2
Past month service use³					
Any service	100.0	100.0	78.3	81.7*	97.7
Shelter only	50.4	--	8.2	6.0*	21.3
Soup kitchen only	--	41.0	32.7	10.8*	29.3
Shelter and soup kitchen	49.6	59.0	37.5	64.9*	47.0
None	--	--	21.7	18.3*	2.3
Past day service use and street presence^{3,4}					
Any service	100.0	100.0	61.2	46.3	93.2
Shelter only	59.7	--	--	--	25.4
Soup kitchen only	--	41.1	--	--	27.6
Shelter and soup kitchen	30.2	47.8	--	--	26.5
Shelter and street	7.3	--	3.8	14.0*	2.6
Soup kitchen and street	--	9.0	33.2	25.3*	9.3
All three	2.8	2.2*	4.2	6.9	1.8
None (street only)	--	--	58.8	53.7*	6.8
Total population [row %]⁵	(56.3)	(65.2)	(1.7)	(20.5)	(100.0)
Population estimate⁵	5,844	6,771	174	2,129	10,387

-- Not applicable.

*Low precision.

¹Except for population estimates, data entries are percentages. Unweighted distribution and number of respondents are reported in Table A.6 in Appendix A; standard errors are given in Table 3.4SE in Appendix B.

²Percentage adjusted for multiplicity between samples.

³The "none" come only from the encampment and street samples.

⁴Whether the person was in one, two, or three of the sampling frames during the 24-hour sampled day (see Figure 3.1 and Table A.14)

⁵Columns are not mutually exclusive for population estimates, which are based on all available data (see Table A.14). Encampments are a subset of the street frame. Because of the two- and three-way overlap in the sampling frames (see Figure 3.1), the unadjusted shelter, soup kitchen, and street columns add up to 14,744 person-contacts.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 3.5 Geographic Location of the Literally Homeless Population in the DC MSA at the Current Time, on the Prior Night, Prior to the Current Episode of Homelessness, and When Last in Elementary/High School

Geographic Location ¹	Current Location	Prior Events (%)		
		On the Prior Night	Prior to Current Episode	Last Time in School
Total²	100.0	100.0	100.0	100.0
DC MSA³	100.0	98.8	87.6	55.1
Alexandria, VA	3.2	4.3	3.7	2.4
Arlington County, VA	1.1	1.6	1.1	0.3
DC	76.6	78.6	60.5	39.2
Fairfax City/County, VA	4.8	3.4	3.2	2.4
Manassas City/Park, VA	.*	0.1	0.3	0.2
Montgomery County, MD	4.6	3.2	5.0	2.0
Prince Georges County, MD	5.2	4.2	10.7	5.7
Other parts of the MSA	4.6	3.4	3.1	2.8
Outside the DC MSA	--	1.2	12.4	44.9

-- Not applicable.

.* Rounds to zero.

¹Data entries are percentages calculated independently for the current location and each prior event. Unweighted number of respondents and standard errors are given in Table 3.5SE in Appendix B.

²This table excludes 19.6% of the population who were interviewed at soup kitchens and defined as "at risk" of homelessness rather than "literally" homeless. Column estimates are independent of each other and reflect movement in and out of the MSA and the individual municipalities.

³The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

4.0 PREVALENCE OF USE OF ILLICIT DRUGS, ALCOHOL, AND TOBACCO

This chapter presents findings on the lifetime, past year, and past month prevalence of use of illicit drugs, alcohol, and tobacco during 1991 in the DC MSA's homeless and transient population. The subsequent sections analyze some of the demographic and homeless correlates of illicit drug and alcohol use. Any illicit drugs include marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), and heroin, as well as prescription-type psychotherapeutic drugs (stimulants, sedatives, tranquilizers, and analgesics) used for nonmedical purposes.

4.1 Prevalence of Drug and Alcohol Use During Lifetime, Past Year, and Past Month Periods

Table 4.1 presents the percentages and estimated numbers of homeless people, aged 12 and older, in the DC MSA who used any illicit drugs, several specific drugs, alcohol (or were heavy alcohol users), and/or tobacco during the past month, the past year, and their lifetime. Highlights include the following:

- The rates of any illicit drug use were 80.0% among the homeless population in the lifetime, 57.7% in the past year, and 34.3% in the past month.
- The lifetime rates of use of individual drugs were 75.8% for marijuana, 65.1% for cocaine, 46.6% for hallucinogens, and 40.3% for nonmedical use of psychotherapeutics.
- In the past year, the most commonly used drugs were cocaine (48.4%), marijuana (37.5%), nonmedical use of psychotherapeutics (11.9%), heroin (9.2%), and hallucinogens (6.3%).
- In the past month, the most commonly used drugs were cocaine (27.5%), marijuana (16.3%), nonmedical use of psychotherapeutics (4.1%), and heroin (3.0%).
- The rates of crack cocaine use were 54.5% among the homeless population in the lifetime, 44.8% in the past year, and 25.7% in the past month.
- Although the lifetime rate of hallucinogen use (including PCP) was 46.6%, past month use was only 1.0%.
- An estimated 93.4% of the homeless population reported drinking alcohol in their lifetime, 85.6% reported drinking it in the past year, and 69.8% reported drinking it in the past month.

Table 4.1 Prevalence and Estimated Numbers of Users of Illicit Drugs, Alcohol, and/or Tobacco Among the DC MSA Homeless and Transient Population, by Time Period

Substance ¹	Time Period					
	Lifetime			Past Year		
	Percent	Number of Users		Percent	Number of Users	Percent
Any illicit drug²	80.0	8,308		57.7	5,991	34.3
Marijuana/hashish	75.8	7,831		37.5	3,850	16.3
Cocaine (any type)	65.1	6,733		48.4	5,009	27.5
Crack cocaine	54.5	5,634		44.8	4,631	25.7
Other cocaine	54.8	5,662		19.6	2,013	5.8
Inhalants	24.4	2,521		2.1	218	0.2
Hallucinogens	46.6	4,784		6.3	644	1.0
Heroin	28.5	2,937		9.2	944	3.0
Nonmedical use of any psychotherapeutics ³	40.3	4,181		11.9	1,234	4.1
Stimulants	29.7	3,069		4.3	439	2.5
Other psychotherapeutics	32.0	3,245		10.0	1,008	3.1
Any illicit drug, excluding marijuana⁴	72.3	7,505		52.3	5,431	29.3
Any alcohol	93.4	9,704		85.6	8,847	69.8
Heavy alcohol use ⁵	--	--		--	--	27.5
Cigarettes	91.0	9,443		82.7	8,368	78.6

-- Not applicable.

¹Unweighted number of respondents and standard errors are given in Table 4.1SE in Appendix B.

⁴Use of cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

²Use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

⁵Having five or more drinks on 5 or more days a week while homeless in the past month; not asked for lifetime or past year (see Section 2.4).

³Nonmedical use of any prescription-type stimulant (including methamphetamine), sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- In the past month, an estimated 27.5% of the homeless population had been drinking heavily.
- An estimated 91.0% of the homeless population had smoked cigarettes in their lifetime, 82.7% had smoked in the past year, and 78.6% had smoked in the past month.

Although drug use was found to be prevalent in the homeless and transient population, 65.7% did not use drugs (excluding tobacco and alcohol) in the past month. That is, more than half of the lifetime users and almost 4 out of 10 past year users reported no past month or current use. Figure 4.1 illustrates this pattern for the use of any and several specific drugs.

Of the estimated 10,387 individuals aged 12 and older who were homeless or transient on an average day in the DC MSA between February and June of 1991, approximately 3,567 were currently using illicit drugs and 2,656 were using crack. Illicit drug use was not reported in the past month by another 4,741 homeless people with lifetime histories of drug use, 2,424 of whom had past year histories of drug use.

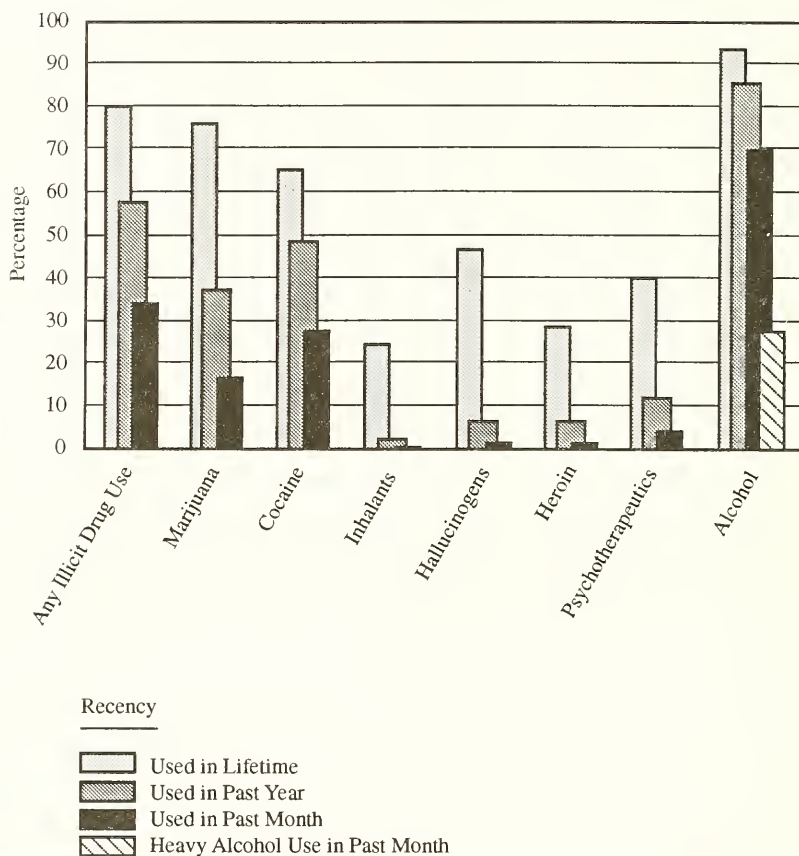
Reports of alcohol and cigarette use were more common than reports of illicit drug use. Of the estimated 9,704 homeless people who had ever drunk alcohol, 7,217 had done so at least once in the past month, and 2,721 of these had five or more drinks per day on at least a weekly basis. In this population, there were more illicit drug users and almost as many cocaine users as heavy drinkers. Of the estimated 9,443 people who had ever smoked cigarettes, 7,949 continued to do so in the past month.

Appendix A includes a comparison of the rates of any illicit drug use, marijuana use, cocaine use, and alcohol use in the homeless and household population. Within each major grouping based on age, sex, race/ethnicity, marital status, and educational level, the homeless population surveyed in DC*MADS had higher prevalence rates for illicit drug use and heavy alcohol use than did the Washington area household population surveyed in the 1991 NHSDA DC oversample. However, comparisons of overall drug and alcohol use rates can be misleading, because, as illustrated in Table 3.2, the two populations differ along several sociodemographic dimensions that have been shown to be related to drug use.

4.2 Components of Dependence Related to Past Year Drug and Alcohol Use

Table 4.2 presents combined alcohol/drug use and a subset of the NHSDA components of dependence associated with drug and alcohol use, derived from criteria used in the DSM III-R (American Psychological Association, 1987). Combined use is defined as using drugs within a couple of hours of using alcohol. The components of dependence include

Figure 4.1 Recency of Illicit Drug and Alcohol Use among the DC MSA Homeless and Transient Population



Note: See Table 4.1 or Section 2.4 for definitions.

Source: NIDA 1991 DC*MADS Homeless and Transient Population Study.

Table 4.2 Past Year Use of Any Illicit Drug, Marijuana, Crack Cocaine, and Other Drugs with Alcohol, and Components of Dependence in the Past Year Attributed to Use of These Substances Among the DC MSA Homeless and Transient Population

Substance ²	Past Year	Use with Alcohol ³	Components of Dependence ¹		
			Larger Amounts	Withdrawal Symptoms	Tried to Cut Down
Any illicit drug⁴	57.7	47.5	34.2	21.0	43.2
Marijuana	37.5	24.2	5.9	1.0	8.5
Crack	44.8	36.1	28.1	16.0	34.5
Other drugs	29.7	18.4	7.8	6.7	11.5
Any alcohol use	85.6	--	30.8	17.3	40.7

-- Not applicable.

¹Questions asked were: (1) For which drugs, if any, have you needed larger amounts to get the same effect, or, for which drugs could you no longer get high on the same amount you used before? (2) For which drugs, if any, have you had withdrawal symptoms; that is, you felt sick because you stopped or cut down use of that drug? (3) For which drugs, if any, have you tried to cut down your use?

²Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 4.2SE in Appendix B.

³Question asked was: Which drugs, if any, did you use at the same time or within a couple of hours of when you drank beer, wine, or liquor?

⁴Use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

needing larger amounts of drugs or alcohol to get the same effect, having withdrawal symptoms as a result of reducing or stopping consumption, or trying to cut down on use. For reference, the first column repeats the estimates for use of any illicit drugs, marijuana, crack, other drugs, and alcohol in the past year. Some of the highlights include the following:

- Almost half (47.5%) of the homeless and transient population used alcohol and drugs in combination during the past year.
- An estimated 34.2% needed to use larger amounts of drugs to achieve the same effect, and 21.0% experienced withdrawal symptoms. An estimated 43.2% tried to cut down their use of illicit drugs in the past year.
- Crack cocaine was the drug that people most often reported using with alcohol (36.1%), needing larger amounts to get the same effect (28.1%), having withdrawal symptoms (16.0%), and trying to cut down on their use of (34.5%).
- An estimated 30.8% required more alcohol to get the same effect, and 17.3% reported some withdrawal symptoms. Approximately half of the past year alcohol users (40.7%) tried to cut down on the rate of their alcohol use.

4.3 Demographic Correlates of Drug and Alcohol Use

In this section, estimated drug use prevalences are analyzed according to sex, age group, race/ethnicity, marital status, location of the interview (DC, Maryland, Virginia), adult education, and current employment. Pairwise z-tests are used to contrast prevalence estimates for each demographic subgroup, and significant differences are noted (also see Appendix C). In Tables 4.3, 4.4, 4.5, and 4.6, rates of any illicit drug use, marijuana use, cocaine use, and alcohol use, respectively, are compared for demographic correlates. Highlights include the following:

- Males were significantly more likely than females to have used any illicit drugs, cocaine, and/or alcohol in all time periods. They were also more likely to have used marijuana in their lifetime and during the past year, as well as to have been drinking heavily in the past month.
- People who were 26- to 34-years-old were significantly more likely than those in other age groups to use any illicit drugs, marijuana, cocaine, and/or any alcohol in their lifetime and the past year. They were also significantly more likely than those in other age groups to have used cocaine or any illicit drugs in the past month.
- Blacks were significantly more likely than whites to have used any illicit drugs, marijuana, and/or cocaine during their lifetime and any illicit drugs or cocaine in the past year. During the past month, they were also significantly more likely than whites to have used cocaine or to have been drinking heavily.

Table 4.3 Any Illicit Drug Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Demographic Characteristic ¹	Time Period of Any Illicit Drug Use (%)		
	Lifetime	Past Year	Past Month
Total	80.0	57.7	34.3
Sex			
Male	83.0	63.4	38.5
Female	70.7	39.6	21.2
Age group			
12-25 years	75.4	45.3*	21.4
26-34 years	91.1	69.8	44.0
35+ years	73.0	52.3	31.0
Race/ethnicity²			
White	66.4	42.3	28.1
Black	85.2	64.2	37.5
Hispanic	52.5*	27.3*	17.5*
Marital status			
Single	83.3	59.2	35.1
Married	70.6*	52.3*	32.6*
Divorced/widowed	75.8	56.5	33.6
Location³			
DC	83.6	62.3	39.2
Maryland	81.0*	59.5	36.0*
Virginia	62.3	34.4	9.9
Adult education^{4,5}			
Less than high school	76.3	56.2	36.8
High school graduate	84.8	60.6	30.4
Any college	80.4	56.6	37.6*
Current employment⁵			
Full-time	80.7	66.3	38.0*
Part-time	84.9	61.9*	41.6*
Unemployed	83.3	55.7	35.4
Other ⁶	61.8*	45.9	17.1*

*Low precision.

¹Standard errors are given in Table 4.3SE in Appendix B and pairwise z-tests are given in Table 4.3P in Appendix C.

²The category "other" for race/ethnicity is not shown because there were too few cases (n=21).

³The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁴As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁵Persons aged 12 to 17 (n=13) are excluded from the estimates of adult education and current employment.

⁶Retired, disabled, homemaker, student, or "other."

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.4 Marijuana Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Demographic Characteristic ¹	Time Period of Marijuana Use (%)		
	Lifetime	Past Year	Past Month
Total	75.8	37.5	16.3
Sex			
Male	78.6	41.5	17.5
Female	66.7	24.5	12.6
Age group			
12-25 years	69.8	30.7*	9.5
26-34 years	88.1	49.6	20.0
35+ years	68.2	30.2	15.6
Race/ethnicity²			
White	66.1	32.8	16.0*
Black	79.8	40.1	17.0
Hispanic	49.1*	22.3*	11.6*
Marital status			
Single	79.9	41.8	20.3
Married	62.8*	22.9*	3.7*
Divorced/widowed	70.7	32.9	11.9
Location³			
DC	78.9	41.0	16.3
Maryland	77.2*	39.6*	27.0*
Virginia	59.6	18.7	6.5
Adult education^{4,5}			
Less than high school	70.9	37.6	18.1
High school graduate	81.6	38.1	13.4
Any college	76.2	38.1*	19.5*
Current employment⁵			
Full-time	79.0	50.0	24.3*
Part-time	85.3	40.6*	10.9*
Unemployed	76.7	35.1	16.8
Other ⁶	58.7*	28.1	8.5*

*Low precision.

¹Standard errors are given in Table 4.4SE in Appendix B and pairwise z-tests are given in Table 4.4P in Appendix C.

²The category "other" for race/ethnicity is not shown because there were too few cases (n=21).

³The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁴As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁵Persons aged 12 to 17 (n=13) are excluded from the estimates of adult education and current employment.

⁶Retired, disabled, homemaker, student, or "other."

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.5 Cocaine Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Demographic Characteristic ¹	Time Period of Cocaine Use (%)		
	Lifetime	Past Year	Past Month
TOTAL	65.1	48.4	27.5
Sex			
Male	68.2	52.8	32.0
Female	55.4	34.5	13.3
Age group			
12-25 years	49.4*	30.7*	12.6
26-34 years	80.7	60.5	35.6
35+ years	58.1	44.7	26.0
Race/ethnicity³			
White	46.1*	31.7	15.9
Black	72.4	55.2	31.6
Hispanic	35.9*	18.0*	13.3*
Marital status			
Single	67.0	49.2	27.7
Married	58.5*	45.6*	26.2*
Divorced/widowed	61.8	47.4	27.4
Location³			
DC	69.2	53.1	32.7
Maryland	67.9*	49.2*	24.2*
Virginia	43.1	25.7	6.1
Adult education^{4,5}			
Less than high school	60.4	47.5	30.4
High school graduate	68.9	49.5	21.8
Any college	68.9*	49.5*	33.4*
Current employment⁵			
Full-time	66.3	55.7	30.2*
Part-time	70.4*	53.9*	40.2*
Unemployed	66.3	47.0	27.5
Other ⁶	52.5*	35.3	11.3*

*Low precision.

¹Standard errors are given in Table 4.5SE in Appendix B and pairwise z-tests are given in Table 4.5P in Appendix C.

²The category "other" for race/ethnicity is not shown because there were too few cases (n=21).

³The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁴As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁵Persons aged 12 to 17 (n=13) are excluded from the estimates of adult education and current employment.

⁶Retired, disabled, homemaker, student, or "other."

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.6 Alcohol Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Demographic Characteristic ¹	Time Period of Alcohol Use (%)			Heavy Alcohol Use ²
	Lifetime	Past Year	Past Month	
Total	93.5	85.6	69.8	27.5
Sex				
Male	95.3	89.6	77.2	31.6
Female	87.7	72.7	46.3	14.7
Age group				
12-25 years	84.0	76.1	49.0*	15.2*
26-34 years	97.7	91.0	77.0	26.0
35+ years	93.1	84.4	70.9	32.7
Race/ethnicity³				
White	95.2	78.7	49.8*	16.5
Black	95.0	88.8	75.4	30.8
Hispanic	66.2*	60.0*	47.8*	21.3*
Marital status				
Single	94.3	88.6	72.6	26.4
Married	74.4*	55.7*	45.5*	22.2*
Divorced/widowed	96.3	86.7	69.5	29.5
Location⁴				
DC	95.7	89.7	75.5	30.0
Maryland	90.9	84.5*	67.5*	28.3*
Virginia	85.1	67.5	45.1	15.4
Adult education^{5,6}				
Less than high school	88.5	81.0	65.7	23.9
High school graduate	96.4	89.4	72.1	30.9
Any college	98.1	88.4	75.2	29.4*
Current employment⁶				
Full-time	96.5	89.8	75.1	24.0
Part-time	96.4	91.5*	77.4	30.2*
Unemployed	91.4	84.2	69.1	31.0
Other ⁷	96.1	80.4	57.4*	20.1*

*Low precision.

¹Standard errors are given in Table 4.6SE in Appendix B and pairwise z-tests are given in Table 4.6P in Appendix C.

²Defined as five or more drinks per day on a weekly basis while homeless in the past month (see Section 2.4).

³The category "other" for race/ethnicity is not shown because there were too few cases (n=21).

⁴The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁵As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁶Persons aged 12 to 17 (n=13) are excluded from the estimates of adult education and current employment.

⁷Retired, disabled, homemaker, student, or "other."

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- Single people had significantly higher lifetime rates of marijuana use than those who were divorced/widowed; however, there were few other differences by marital status.
- Virginia residents were significantly less likely than DC residents to have used any illicit drugs, marijuana, cocaine, and/or alcohol. They were also less likely than residents of DC to have been drinking heavily in the past month.
- Those with less than a high school education had significantly lower rates of lifetime and past year alcohol use than those with a degree or any college. The differences in the past month, however, were not significant.
- People who were currently employed were significantly more likely than those who were out of the work force (e.g., retired, disabled, homemaker, student--shown as "other" in the table) to have used any illicit drugs, cocaine, and/or marijuana in the past year.

In summary, illicit drug use was significantly higher ($p < .05$) in all periods among males, people aged 26 to 34, and/or blacks. It was significantly lower among people interviewed in Virginia and "other" people who were not in the labor force. Alcohol use was widespread and significantly higher ($p < .05$) among men, people aged 26 to 34 (lifetime and past year), blacks (past year and past month), and those who were high school graduates and/or had spent any time in college (past year only). Although the rates are several times higher within every demographic subgroup, this overall pattern corresponds to that found in the NHSDA for the entire U.S. (Flewelling, Rachal, & Marsden, 1992; NIDA, 1990).

4.4 Homelessness Correlates of Drug and Alcohol Use

Tables 4.7, 4.8, 4.9, and 4.10 present the prevalence of any illicit drug use, marijuana use, cocaine use, and alcohol use, respectively, within several subgroups of homeless people. As described in Section 2.4, the three aspects of homelessness examined in each table are the: (a) stage of homelessness, (b) use of services in the past month, and (c) location where the homeless person was interviewed. Highlights from these tables include the following:

- Intermittently homeless people were significantly more likely than newly or chronically homeless people to have used any illicit drugs and/or cocaine in the past month. They were also more likely (a) than the newly homeless to be drinking heavily, (b) than the chronically homeless to be past year cocaine users, and (c) than those at risk of homelessness to be lifetime marijuana users.
- Homeless people who used both shelters and soup kitchens in the past month were significantly more likely than those who used only shelters to use illicit drugs, marijuana (lifetime and past month only), and/or cocaine. They were also significantly more likely to be alcohol users in the past year and heavy drinkers in the past month.

Table 4.7 Any Illicit Drug Use Prevalence, by Patterns of Homelessness and Time Period

Patterns of Homelessness¹	Time Period of Any Illicit Drug Use (%)		
	Lifetime	Past Year	Past Month
Total	80.0	57.7	34.3
Stage of homelessness²			
Newly homeless	79.9	54.7	27.0
Chronically homeless	73.8	54.3	23.7
Intermittently homeless	85.1	62.4	42.8
At risk of homelessness	77.2	55.0*	36.6*
Past month service use³			
Any service	80.5	57.8	34.9
Shelter only	70.0	39.3*	12.7
Soup kitchen only	79.9	56.8*	41.8*
Shelter and soup kitchen	85.7	66.8	40.8
None	57.7*	55.4*	9.6*
Sampling location⁴			
Shelter	74.1	48.6	18.8
Soup kitchen	86.7	69.4	50.2
Encampment cluster	77.1	59.0	40.9
Street	79.0*	51.3*	24.4*

*Low precision.

¹Standard errors are given in Table 4.7SE in Appendix B and pairwise z-tests are given in Table 4.7P in Appendix C.

²See Section 2.4.

³The "none" come only from the street and encampment samples.

⁴Without adjustments for potential multiplicity between the sampling frames.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.8 Marijuana Use Prevalence, by Patterns of Homelessness and Time Period

Patterns of Homelessness¹	Time Period of Marijuana Use (%)		
	Lifetime	Past Year	Past Month
Total	75.8	37.5	16.3
Stage of homelessness²			
Newly homeless	74.0	33.1*	12.0*
Chronically homeless	70.9	31.9	10.2
Intermittently homeless	83.0	41.0	17.5
At risk of homelessness	68.4	40.9*	25.2*
Past month service use³			
Any service	76.4	38.3	16.7
Shelter only	67.6	26.2*	2.9
Soup kitchen only	72.4	44.7*	28.6*
Shelter and soup kitchen	82.8	39.6	15.3
None	51.0*	4.4*	2.3*
Sampling location⁴			
Shelter	71.5	27.5	5.9
Soup kitchen	81.5	45.9	23.4
Encampment cluster	72.5	39.7	18.2
Street	75.0*	30.5*	12.3*

*Low precision.

¹Standard errors are given in Table 4.8SE in Appendix B and pairwise z-tests are given in Table 4.8P in Appendix C.

²See Section 2.4.

³The "none" come only from the street and encampment samples.

⁴Without adjustments for potential multiplicity between the sampling frames.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.9 Cocaine Use Prevalence, by Patterns of Homelessness and Time Period

Patterns of Homelessness¹	Time Period of Cocaine Use (%)		
	Lifetime	Past Year	Past Month
Total	65.1	48.4	27.5
Stage of homelessness²			
Newly homeless	61.0	43.7*	20.4
Chronically homeless	57.9	39.7	16.8
Intermittently homeless	72.0	54.2	37.5
At risk of homelessness	63.5*	51.6*	26.5*
Past month service use³			
Any service	65.6	48.5	28.1
Shelter only	51.9	31.8	11.0
Soup kitchen only	64.4	49.6*	32.0*
Shelter and soup kitchen	72.5	55.5	33.4
None	47.6*	44.8*	5.9*
Sampling location⁴			
Shelter	56.6	37.8	15.7
Soup kitchen	75.9	63.6	41.9
Encampment cluster	61.0	41.0	25.8
Street	57.2*	33.4*	14.2*

*Low precision.

¹Standard errors are given in Table 4.9SE in Appendix B and pairwise z-tests are given in Table 4.9P in Appendix C..

²See Section 2.4.

³The "none" come only from the street and encampment samples.

⁴Without adjustments for potential multiplicity between the sampling frames.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.10 Alcohol Use Prevalence, by Patterns of Homelessness and Time Period

Patterns of Homelessness¹	Time Period of Alcohol Use (%)			Heavy Alcohol Use²
	Lifetime	Past Year	Past Month	
Total	93.5	85.6	69.8	27.5
Stage of homelessness³				
Newly homeless	94.3	84.2	64.4	18.3
Chronically homeless	95.8	84.3	68.4	29.0
Intermittently homeless	94.8	88.4	73.6	32.6
At risk of homelessness	87.3*	82.8*	69.0*	24.1
Past month service use⁴				
Any service	93.4	85.5	69.4	27.0
Shelter only	92.0	75.3	44.7*	13.5
Soup kitchen only	89.2	81.9	71.4*	34.7
Shelter and soup kitchen	96.7	92.3	79.2	28.7
None	94.2*	91.0*	86.6*	50.2*
Sampling location⁵				
Shelter	95.3	84.2	61.1	17.0
Soup kitchen	92.0	86.5	73.2	30.5
Encampment cluster	98.1	91.0	80.2	38.9
Street	96.8*	92.8	90.1	41.9*

*Low precision.

¹Standard errors are given in Table 4.10SE in Appendix B and pairwise z-tests are given in Table 4.10P in Appendix C..

²Defined as five or more drinks per day on a weekly basis while homeless in the past month (see Section 2.4).

³See Section 2.4.

⁴The "none" come only from the street and encampment samples.

⁵Without adjustments for potential multiplicity between the sampling frames.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- People interviewed in soup kitchens were significantly more likely than those interviewed in shelters to have reported use of any illicit drugs, marijuana, and/or cocaine in all periods, as well as any and heavy alcohol use in the past month. They were also more likely than people in encampments to report lifetime and past month illicit drug use and/or cocaine use in all periods. People interviewed in soup kitchens and encampments were significantly more likely than those interviewed in shelters to report any or heavy alcohol use in the past month.

In summary, illicit drug use was significantly higher ($p < .05$) among intermittently homeless than among chronically homeless people in the past month, among people using both shelters and soup kitchens in the past month than among those who used only shelters in all time periods, and among people interviewed in soup kitchens than among those interviewed in shelters in all time periods. Heavy alcohol use in the past month was significantly higher ($p < .05$) among intermittently homeless than among newly homeless people, among people using shelters and soup kitchens in the past month than among those who used only shelters, and among people interviewed in soup kitchens and encampments than among those interviewed in shelters. A pattern emerges of drug users and heavy drinkers being more likely to have multiple intermittent episodes of homelessness and to rely more on soup kitchens. This finding has implications for researchers who may wish to oversample drug users and is discussed further in Chapter 7.0.

5.0 PATTERNS AND CONTEXT OF DRUG USE

This chapter presents an analysis of patterns of drug use, age of first use, extent of needle use, and context of drug use. It provides the drug use patterns, demographic characteristics, and homeless characteristics of current drug users, past drug users, and nonusers of drugs. It also includes comparisons of (a) the age of first drug use relative to the first episode of homelessness and (b) drug use rates based on the types of shelters or soup kitchens that homeless people use.

5.1 Drug Use Patterns and Their Demographic and Homelessness Correlates

Table 5.1 summarizes patterns of drug use by homeless people in this study for the lifetime, past year, and past month. The table shows the major patterns of using one or more of the following: heroin, cocaine, psychotherapeutics (nonmedical use), marijuana, and other drugs. For example, the first row in the Table 5.1 shows that 19.4% of homeless people in the DC MSA had used all five classes of drugs during their lifetime; the ninth row of the table shows that 12.1% had used cocaine, marijuana, and other drugs during their lifetime. Figure 5.1 summarizes this information to show the current pattern of drug use, both overall and in terms of specific drug combinations. Recall from Section 2.4 that "past drug users" are those with lifetime use but not use in the past month. Highlights include:

- The only two major patterns of using a single drug are for cocaine (1.6% lifetime, 13.3% past year, and 14.7% past month) and marijuana (7.7% lifetime, 5.6% past year, and 5.1% past month). Cocaine alone (primarily crack) accounts for almost 9 out of 20 past month users.
- For lifetime use, the most common patterns of drug use were all categories (19.4%); cocaine, marijuana, and other drugs (12.1%); cocaine, psychotherapeutics, marijuana, and other drugs (11.6%); and marijuana and cocaine (9.4%).
- For past year use, the most common patterns of drug use were cocaine and marijuana (17.0%) and cocaine only (13.3%).
- For past month use, the most common patterns of drug use were cocaine only (14.7%), cocaine and marijuana (7.3%), and marijuana only (5.1%).
- The overall pattern was that 34.3% were currently (past month) using drugs, 45.7% were past drug users, and 20.0% had never used drugs.

Table 5.1 Major Patterns of Illicit Drug Use During the Lifetime, Past Year, and Past Month

Patterns of Illicit Drug Use ¹						Period of Illicit Drug Use		
						Lifetime	Past Year	Past Month
Any illicit drug use						80.0	57.7	34.3
Major patterns of drug use								
Heroin	Cocaine	Psycho.	Other	Marij.	19.4	1.5	--	
Heroin	Cocaine	Psycho.	-	Marij.	1.7	1.4	--	
Heroin	Cocaine	-	Other	Marij.	4.0	--	--	
Heroin	Cocaine	Psycho.	-	-	--	0.8	--	
Heroin	Cocaine	-	-	Marij.	1.6	1.6	--	
Heroin	Cocaine	-	-	-	--	1.9	1.0	
-	Cocaine	Psycho.	Other	Marij.	11.6	--	--	
-	Cocaine	Psycho.	-	Marij.	2.2	4.4	--	
-	Cocaine	-	Other	Marij.	12.1	2.0	--	
-	Cocaine	-	-	Marij.	9.4	17.0	7.3	
-	Cocaine	-	-	-	1.6	13.3	14.7	
-	-	Psycho.	Other	Marij.	1.1	--	--	
-	-	Psycho.	-	Marij.	2.1	0.9	--	
-	-	Psycho.	-	-	--	0.8	--	
-	-	-	Other	Marij.	1.7	--	--	
-	-	-	Other	-	1.2	--	--	
-	-	-	-	Marij.	7.7	5.6	5.1	
All other patterns of drug use ²						2.5	5.6	6.3
No drug use						20.0	42.3	65.7

-- Not applicable for time period (not observed or less than 1%).

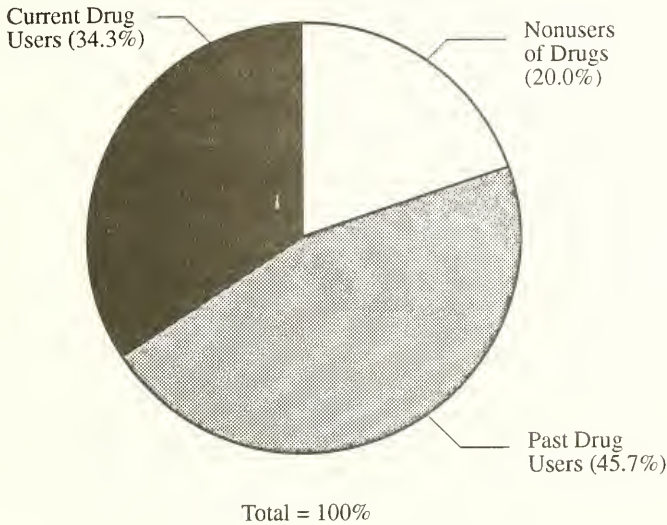
¹Patterns based on the use of marijuana, cocaine, heroin, and the nonmedical use of psychotherapeutics (including stimulants, sedatives, tranquilizers, and analgesics), and other drugs. Standard errors are given in Table 5.1SE in Appendix B.

²Includes any other patterns of illicit drug use that represent less than 1% of the general homeless population during the time period.

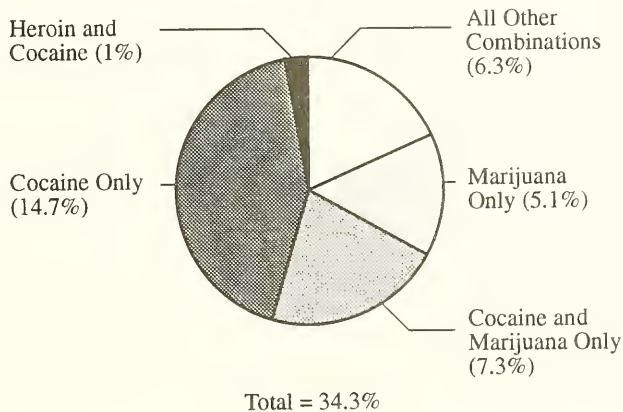
Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Figure 5.1 Current Drug Use Pattern in DC MSA Homeless and Transient Population

Overall pattern of illicit drug use...



Current pattern of illicit drug use...



Note: See Section 2.4 for definitions.

Source: NIDA 1991 DC*MADS Homeless and Transient Population Study.

An important distinction is revealed by comparing Table 4.1 on the prevalence of using individual drugs with Table 5.1 and Figure 5.1, which show the prevalence of drug combinations. Heroin use is less evident in the table and figure because heroin users were more likely to use several different combinations of drugs and fall into the "other" category. Cocaine and marijuana users, in contrast, often reported using only one or two drugs.

Tables 5.2 and 5.3 present the demographic and homeless characteristics of the drug use typology used in Figure 5.1 and throughout Chapter 6.0 (i.e., current drug users, past drug users, and nonusers of illicit drugs). Highlights include:

- Current drug users were primarily male (85.1%), black (82.5%), single (60.9%), unemployed (55.6%), aged 26 to 34 (47.1%), and without a high school diploma (42.8%). They were primarily found in soup kitchens (71.3%), were past month users of both shelters and soup kitchens (55.8%), and had multiple intermittent episodes of homelessness (49.1%).
- Past drug users were primarily black (79.0%), male (74.0%), living in DC (68.9%), single (63.3%), unemployed (56.5%), high school graduates with no college experience (46.5%), and 35 or older (44.4%). They were primarily found in shelters (46.3%), were past month users of both shelters and soup kitchens (46.3%), and had multiple intermittent episodes of homelessness (36.5%).
- Nonusers of illicit drugs were primarily 35 or older (65.1%), male (64.7%), black (57.1%), single (49.3%), without a high school degree (48.7%), and unemployed (46.0%). They were primarily found in shelters (51.3%), were past month users of both shelters and soup kitchens (33.6%), and were chronically homeless (30.6%).

Two points can be made here. First, attributes of people that were associated with higher rates of drug use were also found to characterize a majority of the nonusers of drugs (e.g., men, blacks, singles). Second, although shelters are important for access to homeless people, future epidemiological research on drug use among homeless people should include soup kitchens where, at least in this study, drug users were more likely to be found (see Table 5.3).

5.2 Age at First Use of Illicit Drugs, Alcohol, and Cigarettes

Table 5.4 shows the average age at first use of any illicit drug, several specific drugs, alcohol, and cigarettes. It is disaggregated by the age at the first episode of homelessness. Means represent only those people reporting lifetime use of each substance. Highlights include:

- The mean age of any illicit drug use was significantly lower for people who became homeless at an earlier age (e.g., 16.0 years for people under 26 vs. 20.6 years for people 35 and older). This pattern held for every illicit drug except heroin, as well as for alcohol and cigarettes.

Table 5.2 Distribution of Demographic Characteristics of the DC MSA Homeless and Transient Population, by Overall Illicit Drug Use Pattern

Demographic Characteristic¹	Current Drug Users²	Past Drug Users³	Non-users of Drugs	Total
Sex				
Male	85.1	74.0	64.7	75.9
Female	14.9	26.0	35.3	24.1
Age group				
12-25 years	9.3	17.8	18.5	15.0
26-34 years	47.1	37.9	16.5	36.8
35+ years	43.5	44.4	65.1	48.2
Race/ethnicity⁴				
White	13.4	13.9	28.1	16.5
Black	82.5	79.0	57.1	75.8
Hispanic	2.9	4.5	14.0*	5.9
Marital status				
Single	60.9	63.3	49.3	59.7
Married	7.8	6.9	12.1	8.3
Divorced/widowed	31.3	29.8	38.6	32.1
Location⁵				
DC	81.0*	68.9	58.4*	71.0
Maryland	14.7*	13.8	13.3*	14.0
Virginia	4.3	17.2	28.3	15.0
Adult education^{6,7}				
Less than high school	42.8	34.4	48.7	40.1
High school graduate	34.7	46.5	30.7	39.3
Any college	22.5	19.2	20.7	20.6
Current employment⁷				
Full-time	23.7	20.1	21.0	21.5
Part-time	14.7	11.5	9.4	12.2
Unemployed	55.6	56.5	46.0	54.1
Other ⁸	6.0	11.9	23.6	12.2
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

¹Data entries are percentages. See Tables 4.3 to 4.6 for relative rates of drug and alcohol use within these demographic subgroups. Standard errors are given in Table 5.2SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime but not the past month.

⁴The category "other" for race/ethnicity is not shown because there were too few cases (n=21).

⁵The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁶As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁷People aged 12 to 17 (n=13) are excluded from estimates of adult education and current employment.

⁸Retired, disabled, homemaker, student, or "other."

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.3 Distribution of Homelessness Patterns, by Overall Illicit Drug Use Pattern

Demographic Characteristic¹	Current Drug Users²	Past Drug Users³	Non-users of Drugs	Total
Stage of homelessness⁴				
Newly homeless	13.9	20.5	17.8	17.7
Chronically homeless	16.1	25.6	30.6	23.4
Intermittently homeless	49.1	36.5	29.3	39.4
At risk of homelessness	20.8	17.4	22.3	19.6
Past month service use⁵				
Any service	99.3	97.5*	95.0*	97.9
Shelter only	7.9	26.8	32.0	21.3
Soup kitchen only	35.6	24.5	29.4	29.3
Shelter and soup kitchen	55.8	46.3	33.6	47.0
None	0.7	2.5*	5.0*	2.3
Adjusted sampling location⁶				
Shelter	19.8	46.3	51.3	38.2
Soup kitchen	71.3	40.2	38.1	50.4
Encampment cluster	2.0	1.3	1.9	1.7
Street	6.9*	12.2	8.8	9.7
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

¹Data entries are percentages. See Tables 4.7 to 4.10 for relative rates of drug and alcohol use within these homeless subgroups. Standard errors are given in Table 5.3SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime but not the past month.

⁴See Section 2.4.

⁵Based on any use of a shelter, soup kitchen, or both in the past month; the "none" come only from the street and encampment samples.

⁶Includes adjustments (see Appendix A) for potential multiplicity between the sampling frames used in subsequent tables of Chapter 6.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.4 Average Age of First Using Illicit Drugs, Alcohol, and/or Cigarettes, by Age at First Homeless Episode

Substance²	Age First Homeless¹			Never Homeless³	Total Population
	Under 26	26-34	35+		
Any illicit drug⁴	16.0	16.7	20.6	16.2	17.4
Marijuana/hashish	16.2	16.7	20.4	16.3	17.4
Crack cocaine	24.8	27.5	37.0	22.8	29.0
Other cocaine	21.3	23.4	28.2	18.6	23.7
Inhalants	16.6	19.6	24.7	17.4	19.6
Hallucinogens	18.3	21.7	25.7	20.0	21.2
Heroin	21.9	23.0	21.2	†	22.1
Alcohol	14.8	15.7	16.6	17.1	15.7
Cigarettes	14.0	14.4	15.3	15.3	14.5
Total population (row %)	(33.9)	(32.0)	(27.2)	(6.9)	(100.0)

†Estimate suppressed because there was only one respondent.

¹Entries are the average (mean) ages of first use of the drugs among those who have used the drug in their lifetime.

²Unweighted number of respondents and standard errors are given in Table 5.4SE in Appendix B.

³People who are at risk of becoming homeless. See Section 2.4.

⁴Use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- People who had never been homeless but were eating at soup kitchens and were at risk of becoming homeless were more likely to have started using drugs other than alcohol at a younger age than those 26 and older who had been homeless.
- Cigarettes and alcohol appear to have been initially used at the youngest ages on average (14.5 years and 15.7 years, respectively), followed by marijuana (17.4 years), inhalants (19.6 years), hallucinogens (21.2 years), heroin (22.1 years), other cocaine (23.7 years), and crack (29.0 years).

Two observations are suggested by these data. First, the later age of starting crack use probably reflects crack's emergence during the mid-1980s as a drug of abuse (NIDA, 1991b). Second, the mean age at which people became homeless was 29.2, so that the age of first illicit drug use precedes the age of the first homeless episode for 92.5% of the people reporting lifetime use.

5.3 Needle Use

Table 5.5 presents the estimated prevalence and number of injection drug users (IDUs) in the homeless population in the DC MSA during the lifetime, past year, and past month periods. It also presents the rates of several human immunodeficiency virus (HIV) risk behaviors related to needle use. Highlights include:

- The rates of injecting illicit drugs in the homeless population were 24.2% over the lifetime, 14.3% in the past year, and 4.4% in the past month.
- Three out of five homeless lifetime IDUs also reported past year use (1,402 out of 2,388).
- During the past year, 6.7% of the homeless population gave their old needles to others, 5.7% shared needles with one or more people, 5.5% used old needles given to them, and 4.1% used needles in a shooting gallery. Only 7.6% of the homeless population cleaned their needles with alcohol or bleach at least once during the year.

By way of comparison, there are an estimated 5,987 IDUs in the DC MSA's household population based on the 1991 NHSDA oversample (unpublished runs). Thus, on an average day, more than one-fifth of the past year IDUs (and probably a higher proportion of the past month IDUs) appear to be homeless (also see Section 7.1). This finding suggests that there may be a link between injecting drug use and homelessness that warrants further exploration.

5.4 Context and Perceived Risk of Drug Use

Table 5.6 presents information about the location where homeless people reported using needles or injecting drugs. It shows the types of people who were present during the reported drug use. Rates are reported for the homeless population, lifetime IDUs, and any

Table 5.5 Prevalence and Estimated Numbers of Injection Drug Users and Needle Use Risk Behaviors in the DC MSA Homeless and Transient Population

Behavior¹	Percent	Population Size
Period of Any Needle Use		
Lifetime	24.2	2,388
Past year	14.3	1,402
Past month	4.4	433
Risk behaviors in past year		
Use of old needles	5.5	541
Giving needles to others	6.7	659
Using needles in a shooting gallery	4.1	403
Number of people shared needles with in past year		
Any	5.7	561
1	1.3	128
2+	4.4	433
None	94.3	9,280
Cleaned needles with alcohol/bleach in past year		
	7.6	748

¹Estimates adjusted for multiplicity between samples. Unweighted number of respondents and standard errors are given in Table 5.5SE in Appendix B. Needle use is defined as injection of cocaine, hallucinogens, heroin, or of psychotherapeutics for nonmedical reasons at least once.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.6 Location and Types of People Present During Drug Use for Lifetime Needle Users, Illicit Drug Users, and the Total Homeless and Transient Population

Context of Illicit Drug Use¹	Percentage in Past Year		
	Lifetime Injecting Drug Users	Lifetime Drug Users²	Total Population
Location			
Your home	59.2	53.5	45.2
Someone else's home	59.0	60.1	49.8
Party	14.7	28.0	24.6
Shooting gallery ³	41.2	15.1	12.0
Open place (park, street, vacant building, or car)	45.7	49.0	42.8
Other	9.6	11.7	10.7
People present			
Alone	33.3	38.0	31.3
Sexual partner	44.4*	49.0	39.7
Family	12.8	20.1	16.6
Friends	62.3	69.8	58.1
Running/walking partner	37.3	35.0	27.7
Other	12.8	14.7	11.6
Total population (row %)⁴	(24.2)	(80.0)	(100.0)

*Low precision.

¹Context of any use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once; unweighted number of respondents and standard errors are given in Table 5.6SE in Appendix B.

²Includes all injecting drug users (IDUs).

³Includes use of noninjected drugs.

⁴Row percentages exceed 100% because lifetime IDUs are a subset of lifetime drug users.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

illicit drug users. Table 5.7 examines the extent to which the prevalence of any illicit drug use is related to the type of facility where a person was found. Highlights include:

- IDUs were most likely to use drugs (including noninjected drugs) in their own home (59.2%), someone else's home (59.0%), in open places (45.7%), or in a shooting gallery (41.2%). Most often, they were with friends (62.3%).
- Lifetime illicit drug users were most likely to use drugs in someone else's home (60.1%), their own home (53.5%), in open places (49.0%), or at a party (28.0%). Most often, they were with friends (69.8%), a sexual partner (49.0%), or alone (38.0%).
- Rates of illicit drug use were highest among the clients of shelters for men only, followed by those for women and those for families. The past month prevalence of illicit drug use was twice as high among the clients of the shelters for men as in those for families (22.9% vs. 10.4%).
- Clients of larger shelters and soup kitchens (serving more than 100 people) had higher rates of illicit drug use than clients in institutions serving fewer numbers of people. Past month use was almost twice as high among people in larger shelters than in smaller shelters (23.5% vs. 14.2%). Past year use was higher in larger soup kitchens than in smaller soup kitchens (80.4% vs. 52.9%).
- People in shelters and soup kitchens with the highest occupancy rates had higher rates of illicit drug use than those in institutions with lower occupancy rates.

These findings are similar to those reported by the New York City Commission on the Homeless (1992) with regard to types of patients and sizes of facilities (see the discussion in Section 1.4). The findings in the two reports differ on the impact of occupancy. The commission found that high occupancy in New York City was associated with smaller specialized shelters and lower rates of drug use. The DC*MADS Homeless and Transient Population Study found that high occupancy in DC was associated with larger one-night shelters and higher rates of drug use.

Data on the perceived risk of harming oneself by using various drugs and alcohol are presented in Table 5.8. Highlights include:

- An estimated 93.9% of the homeless and transient population perceived the greatest risks are from regularly using crack cocaine. This was followed by other forms of cocaine (88.5%), having four or five drinks nearly every day (64.7%), regularly using marijuana (41.0%), and having one or two drinks nearly every day (37.0%). An estimated 94.9% of the population thought that selling drugs would put a person at great risk.

Table 5.7 Any Illicit Drug Use Prevalence Among the DC MSA Homeless and Transient Population, by Characteristic and Type of Institution and Time Period

Characteristic of Institution ²	Period of Illicit Drug Use Among Persons in Shelters ¹			Period of Illicit Drug Use Among Persons in Soup Kitchens ¹		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
Clientele³						
Men	76.6	55.9*	22.9	--	--	--
Women	67.4	45.3	13.9	--	--	--
Families	66.5	31.8	10.4	--	--	--
Bed/meal size						
0-100	72.9	44.1	14.2	76.6	52.9	32.9*
101+	75.4*	53.2*	23.5	93.5	80.4	61.8
Occupancy (%)						
0%-75%	72.5	43.3	14.2*	73.9	54.2*	42.0*
76%+	74.3	52.5	20.8	90.5	73.9	52.7*

-- Not applicable.

*Low precision.

¹Use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

²Unweighted number of respondents and standard errors are given in Table 5.7SE in Appendix B.

³Not mutually exclusive.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.8 Perceived Risks of Various Frequencies of Using Drugs and Alcohol Among the DC MSA Homeless and Transient Population

Activity/Frequency ¹	Level of Risk (Row Percentages)			
	None	Slight	Moderate	Great
Using marijuana				
Regularly	9.5	20.3	29.2	41.0
Occasionally	17.9	36.5	24.1	21.6
Trying once or twice	46.8	27.3	11.4	14.5
Using "crack" cocaine				
Regularly	1.6	1.5	3.0	93.9
Occasionally	2.2	4.0	17.5	76.3
Using cocaine				
Regularly	0.9	2.3	8.3	88.5
Occasionally	1.7	8.7	19.6	70.0
Trying once or twice	8.4	19.5	18.6	53.5
Having four or five drinks				
Nearly every day	3.8	8.9	22.6	64.7
Once or twice a week	5.7	16.5	33.6	44.2
Having one or two drinks				
Nearly every day	9.8	24.5	28.7	37.0
Selling drugs	1.8	0.3	3.0	94.9

¹Unweighted number of respondents and standard errors are given in Table 5.8SE in Appendix B.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- More homeless people considered it a great risk to use crack cocaine occasionally (76.3%) and/or cocaine (70.0%) than to have four or more drinks nearly every day (64.7%) or use marijuana regularly (41.0%).
- More than three times as many homeless people considered it a great risk to try cocaine once or twice (53.5%) than to try marijuana once or twice (14.5%).



6.0 CONSEQUENCES, CORRELATES, AND CO-OCCURRING PROBLEMS RELATED TO DRUG AND ALCOHOL USE

This chapter presents an analysis of the consequences, correlates, and co-occurring problems related to drug use, where co-occurrence refers to problems that occur together but may not be directly or causally related. Information is presented for current (past month) drug users, past drug users (lifetime, but no current use), and nonusers, as well as for the homeless population overall, for drug use and each of the problems of alcoholism, mental illness, physical illness, illegal activities, and unemployment. The analysis includes data on the extent of the problem and whether it is being addressed through treatment, services, legal sanctions, or entitlements. See Section 2.4 for definition of key groups, Section 5.1 for their characteristics, and the glossary in Appendix E for other definitions.

6.1 Drug- and Alcohol-Related Problems and Treatment History

Tables 6.1 and 6.2 show some of the problems related to drug use and heavy alcohol use. Both tables are categorized by the homeless population's pattern of drug use, and Table 6.2 also includes patterns of alcohol use. Highlights include:

- Current drug users were more than twice as likely as past drug users to experience five to six drug-related problems (36.3% vs. 16.0%) during the past year. They were twice as likely as past drug users to report problems related to their drug use (92.6% vs. 46.0%).
- The problems most commonly reported by current drug users included becoming depressed (78.3%), feeling nervous and anxious (76.5%), and having arguments with family or friends (71.4%). There was a similar though less frequent pattern among past drug users.
- Heavy alcohol users were more likely than other alcohol users to report four to six alcohol-related problems in the past year (33.3% vs. 21.0%) and less than half as likely to report one to three problems (8.4% vs. 22.2%). Current drug users were also more likely than other alcohol users to report seven to nine problems (44.7% vs. 24.2%).
- The most commonly reported problems among heavy alcohol users included getting drunk while drinking alone (86.1%), being told to cut down on drinking by family and friends (80.4%), being afraid of becoming an alcoholic (79.7%), being aggressive or mad while drinking (73.3%), and being unable to remember things done while drinking (69.7%).

Table 6.1 shows that current drug users were consistently more likely to experience each specific problem than were past drug users, and both were more likely to experience each problem than were nonusers of drugs. Table 6.2 shows an analogous pattern in which heavy alcohol users were consistently more likely to report every alcohol-associated problem than were other alcohol users.

Table 6.1 Drug-Associated Problems During the Past Year, by Illicit Drug Use and Overall for the DC MSA Homeless and Transient Population

Drug-Associated Problem During Past Year¹	Current Drug Users²	Past Drug Users³	Total Homeless Population⁴
Specific problems			
Became depressed or lost interest in things	78.3	30.3	40.7
Had arguments and fights with family or friends	71.4	25.1	36.0
Got less work done than usual at school or work	59.5	22.4	30.6
Found it difficult to think clearly	61.6*	27.7	33.7
Felt nervous and anxious	76.5	26.7	38.4
Had to get emergency medical help	17.6	12.1	11.5
Any problems	92.6	46.0	52.7
1-2	14.3	14.0	11.3
3-4	42.1	15.9	21.7
5-6	36.3	16.0	19.8
No problems	7.4	54.0	47.3
Total population (row %)	(34.3)	(45.7)	(100.0)

*Low precision.

-- Not applicable.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.1SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁴Includes nonusers of drugs.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.2 Alcohol-Associated Problems During the Past Year, by Illicit Drug Use and by Heavy Alcohol Use and Overall for the DC MSA Homeless and Transient Population

Alcohol-Associated Problem During Past Year ¹	Illicit Drug Use			Alcohol Use		
	Current Drug Users ²	Past Drug Users ³	Non-users of Drugs	Heavy Alcohol Users ⁴	Other Alcohol Users ⁵	Total Homeless Population ⁶
Specific problems						
Aggressive or mad while drinking	68.1	40.3	16.7	73.3	38.9	45.5
High or a little drunk on job or at school	40.9	23.8	6.8	43.1	22.5	26.5
Told to cut down on drinking by family member, other relatives, or friends	65.8	44.3	24.8	80.4	40.0	48.2
Tossed down drinks fast to get quicker effect	62.9	39.9	16.0	66.5	38.4	43.4
Afraid might be or become an alcoholic	58.2	43.4	30.4	79.7	37.3	46.1
Awakened unable to remember things done while drinking the day before	54.2	39.2	17.8	69.7	32.5	40.3
Had quick drink when no one was looking	56.8	29.8	23.7	61.3	32.6	38.1
Had hands shake a lot after drinking the day before	24.1	15.6	11.4	34.6	12.7	17.7
Sometimes gotten high or a little drunk while drinking alone	76.0	58.8	32.3	86.1	55.1	59.7
Any problems						
1-3	88.6	69.7	42.4	98.2*	67.3	71.1
4-6	13.9	19.3	17.2	8.4	22.2	17.0
7-9	30.0	20.6	15.2	33.3	21.0	22.9
	44.7	29.8	10.0	56.6*	24.2	31.2
No problems	11.4	30.3	57.6	1.8*	32.7	28.9
Total population (row %)	(34.3)	(45.7)	(20.0)	(26.2)	(67.2)	(100.0)

-- Not applicable.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.2SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁴Having five or more drinks on 5 or more days a week while homeless in the past month (see Section 2.4).

⁵Lifetime alcohol use, but not a heavy alcohol user in the past month.

⁶Includes nonusers of alcohol.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Tables 6.3 and 6.4, respectively, show the patterns of alcohol and drug abuse treatment and the characteristics of the last treatment episode, where applicable. Both tables are arranged by type of illicit drug use, with nonusers of drugs including people treated for alcohol problems. Table 6.3 is for the entire homeless population in the DC MSA, whereas Table 6.4 presents information only for homeless people with lifetime treatment histories. Highlights include:

- The rates of alcohol or drug abuse treatment for all time periods were highest for current users followed by past drug users and nonusers of drugs (i.e., alcohol treatment only). For example, the respective rates for treatment in the past year were 34.8%, 19.3%, and 11.3%.
- One to three lifetime alcohol or drug abuse treatment episodes were experienced by 45.0% of the current drug users, 36.2% of the past drug users, and 26.7% of the nonusers of drugs (alcohol treatment only). Four or more episodes were reported by another 15.8% of the current drug users and 9.8% of the past drug users.
- The last treatment episode was evenly divided between alcohol abuse treatment (32.8%), drug abuse treatment (33.7%), and both (33.6%). Alcohol-only treatment was received by 7.3% of the current drug users with treatment histories, 40.5% of the past drug users, and all of the nonusers of drugs.
- The length of the last treatment episode was under 30 days for 48.0%, 1 to 6 months for 35.4%, and over 6 months for 16.6%. An estimated 17.8% of the people with treatment histories were still in treatment, including 11.8% of the current drug users.

More than half (53.1%) of the people with prior treatment histories, including 48.3% of the current drug users, reported successfully completing treatment in their last treatment episode. Another 11.5%, including 16.9% of the current users, gave relapse while in treatment as the reason for ending their last treatment episode.

6.2 Mental Health Symptoms, Treatment, and Co-occurrence with Illicit Drug and Heavy Alcohol Use

Table 6.5 shows the rates for reports of experiencing any mental health problems ever or in the past month and treatment history among the homeless population. These measures were derived from the Addiction Severity Index (ASI), developed by McLellan and colleagues (1985). The focus here is on the reported symptoms instead of the ASI scores so that the data can be compared with several clinical trials with homeless people being conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute of Mental Health (NIMH) (Huebner & Crosse, 1991). Highlights include:

Table 6.3 Substance Abuse Treatment History Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Pattern of Alcohol and/or Drug Treatment¹	Current Drug Users²	Past Drug Users³	Non-users of Drugs⁴	Total
Treatment participation				
Lifetime	60.9	46.9	29.4	48.2
Past year	34.8	19.3	11.3	23.1
Past month	18.6	10.5	3.5	11.9
Substance abuse treatment				
Never	39.2	54.1	72.8	52.6
1-3 times	45.0	36.2	26.7	37.4
More than 3 times	15.8	9.8	0.5*	10.0
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.3SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁴Includes nonusers of drugs who sought treatment for problems with their alcohol use.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.4 Characteristics of the Last Treatment Episode for People with Lifetime Treatment Histories Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Last Treatment Episode¹	Current Drug Users²	Past Drug Users³	Non-users of Drugs⁴	Total
Type of treatment				
Alcohol only	7.3	40.5	100.0	32.8
Drug use only	42.0*	34.1	--	33.7
Both	50.7*	25.4	--	33.6
Length of treatment				
0-30 days	50.8*	43.8*	53.0*	48.0
1-6 months	37.2	37.5*	21.3*	35.4
6+ months	11.9	18.6	25.7*	16.6
Reason for leaving treatment				
Still in treatment	11.8	26.3	7.3*	17.8
Successful termination	48.3	55.3*	62.5*	53.1
Problem with program	8.2	4.2	6.5*	6.2
Relapse	16.9	6.1*	12.3*	11.5
Other	14.8*	8.1*	11.4*	11.4

*Low precision.

-- Not applicable.

¹Data entries are percentages. Only those who received treatment are included; unweighted number of respondents includes 140 current drug users, 129 past drug users, and 112 nonusers of drugs; standard errors are given in Table 6.4SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁴Includes nonusers of drugs who sought treatment for problems with their alcohol use.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- The majority of the current (90.7%) and past drug users (94.8%) reported one or more lifetime mental health problems compared with 73.8% of the nonusers of drugs; 64.2% of the current users reported four or more lifetime problems compared with only 22.5% of the nonusers.
- Current drug users were almost twice as likely as nonusers to report the most common lifetime problems, such as arguing or fighting with others (81.2% vs. 53.5%), serious depression (70.8% vs. 34.8%), and suspicion of others (75.3% vs. 43.0%). They were four times more likely than nonusers to have contemplated suicide (31.4% vs. 7.9%) and 10 times more likely to have actually attempted suicide (15.6% vs. 1.5%).
- About the same percentage of the current (76.7%) and past drug users (76.3%) reported one or more mental health problems in the past month, compared to 54.8% of the nonusers of drugs. Current drug users were more likely to report four or more problems in the past month than past users or nonusers of drugs (36.5% vs. 24.2% vs. 11.1%).
- Current drug users were almost twice as likely as nonusers to report past month problems of suspicion (59.2% vs. 32.4%) and arguing or fighting with others (49.7% vs. 30.1%). They were almost three times more likely than nonusers to have contemplated suicide in the past month (11.7% vs. 4.1%).
- Current drug users were more likely to have a history of mental health treatment (36.4%) than either past drug users (25.9%) or nonusers of drugs (18.7%) and were more likely to have received mental health treatment in the past month (7.8%) than either past users (4.2%) or nonusers (2.5%).

Although 28.1% of the total homeless population had lifetime histories of mental health treatment and 25.7% reported four or more problems in the past month, only 5.1% had received treatment in the past month. Virtually all of the recent treatment had been in outpatient programs, although more of the population reported having thoughts of suicide (10.9%), hallucinations (7.1%), or trouble understanding, concentrating, or remembering (24.4%).

Table 6.6 presents data on the co-occurrence (see definition in Appendix E) of current drug use, heavy alcohol use, and mental health treatment history. The largest patterns were mental health history only (11.5%), current drug use and heavy alcohol use (10.7%), current drug use and mental health history (9.2%), current drug use only (9.1%), and heavy alcohol use only (8.9%). Over a third of the current drug users were also heavy alcohol users (43.5%) or reported having histories of mental health treatment (36.4%). In this context, having had mental health treatment is considered a conservative indicator for mental illness.

Table 6.5 Mental Health Problems and Mental Health Treatment Histories Among the DC MSA Homeless and Transient Population, by Illicit Drug Use and Time Period

Problems/History ³	Current Drug Users ¹		Past Drug Users ²		Nonusers of Drugs		Total	
	Lifetime	Past Month	Lifetime	Past Month	Lifetime	Past Month	Lifetime	Past Month
Problems								
Serious depression	70.8	45.0	66.0	32.1	34.8	17.2	61.4	33.5
Serious anxiety/tension	61.5	45.2	56.0	32.6	34.3	21.8	53.5	34.8
Hallucination	16.3	7.3	16.4	7.6	9.0	5.8	14.9	7.1
Trouble understanding/ concentrating/remembers	40.0	25.1	37.0	27.2	24.7	17.0	35.6	24.4
Trouble controlling self/ thoughts	34.6	27.4	33.3	25.3	14.8	8.0	30.0	22.5
Arguing/fighting with others	81.2	49.7	68.0	39.7	53.5	30.1	69.6	41.1
Suspicion/distrust of other people	75.3	59.2	70.5	55.7	43.0	32.4	66.7	52.3
Suicidal thoughts	31.4	11.7	25.6	13.1	7.9	4.1	24.1	10.9
Suicide attempts	15.6	1.4*	11.8	3.9*	1.5	0.1*	11.1	2.3
Any problems	90.7	76.7	94.8	76.3	73.8	54.8	89.2	72.1
1-3	26.5	40.3	43.0	52.1	51.3	43.7	39.0	46.4
4-6	45.0	30.5	34.8	18.3	19.2	10.3	35.2	20.8
7-9	19.2	6.0	17.0	5.9	3.3	0.8	15.0	4.9
No problems	9.3	23.3	5.2	23.7	26.2	45.2	10.8	27.9
Any mental health treatment history⁴								
Inpatient	36.4	7.8	25.9	4.2	18.7	2.5	28.1	5.1
Outpatient	21.6	0.1*	15.5	0.5	10.2	**	16.5	0.2
Prescribed medication	23.0	8.0	19.1	3.9	12.2	2.7	19.1	5.1
	17.1	--	18.4	--	8.0	--	15.9	--
Total population (row %)	- (34.3) -		- (45.7) -		- (20.0) -		- (100.0) -	

*Low precision.

**Rounds to zero.

-- Not asked.

¹Current drug users reported the use of one or more illicit drugs in the past month.

²Past drug users reported illicit drug use in their lifetime, but not in the past month.

³Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.5SE in Appendix B.

⁴Lifetime use of inpatient, outpatient, or pharmacological treatment for psychological or emotional problems.

Source: 1991 NIDA DC*MAADS Homeless and Transient Population Study.

Table 6.6 Co-occurrence of Current Drug Use, Heavy Alcohol Use, and Mental Health Treatment History Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Pattern of Problems ¹			Illicit Drug Use Pattern			Total
Current Drug User ²	Heavy Alcohol User ³	Mental Health History ⁴	Current Drug Users ²	Past Drug Users ⁵	Non-users of Drugs	
CDU	--	--	28.1	--	--	9.1
--	HAU	--	--	13.3	12.7	8.9
--	--	MHH	--	18.0	14.6	11.5
CDU	HAU	--	33.0	--	--	10.7
CDU	--	MHH	28.5	--	--	9.2
--	HAU	MHH	--	8.6	3.9*	4.8
CDU	HAU	MHH	10.5	--	--	3.4
Any current drug use (CDU) ⁶			100.0	--	--	34.3
Any heavy alcohol use (HAU) ⁶			43.5	21.9	16.6	26.2
Any mental health history (MHH) ⁶			36.4	25.9	18.7	28.1
Any of above problems ⁶			100.0	39.8	31.2	57.5
Total unweighted (n)			(225)	(423)	(217)	(865)

*Low precision.

-- Not applicable.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.6SE in Appendix B.

²Current drug users (CDU) reported the use of one or more illicit drugs in the past month.

³Heavy alcohol users (HAU) reported having five or more drinks on 5 or more days a week in the past month while homeless (see Section 2.4).

⁴Mental health history (MHH) includes lifetime use of inpatient, outpatient, or pharmacological treatment for psychological or emotional problems.

⁵Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁶Includes people who reported a problem, but could not be classified across all three measures due to missing data.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Figure 6.1 summarizes the overlap between people who reported they were current drug users and those who reported they were heavy alcohol users, and/or those who reported having mental health treatment histories. An estimated 57.5% of the homeless population had at least one alcohol, drug abuse, or mental health problem; half of these people (48.9%) had two or more problems.

6.3 Correlates of Physical Illness and Primary Care Treatment

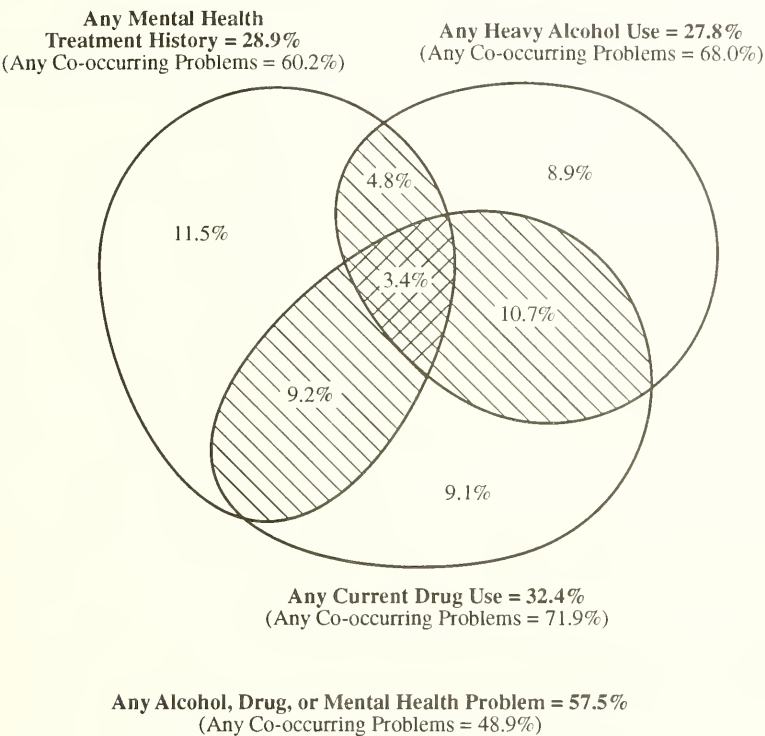
Table 6.7 presents information on patterns of primary care problems by type of illicit drug user. The first set of drug-related illnesses includes the acquired immune deficiency syndrome (AIDS) and other infectious diseases related to drug use (Haverkos & Lange, 1990). Highlights include:

- Current drug users were twice as likely to have had a drug-related illness in the past year as were past drug users (20.2% vs. 10.3%) and were 10 times as likely as nonusers of drugs (20.2% vs. 1.7%). This pattern held for specific diseases, with current drug users reporting higher past year rates of "other" sexually transmitted diseases (STDs) (14.3%); AIDS, AIDS-related complex (ARC), and infection with HIV (4.0%); and hepatitis/yellow jaundice (2.9%) than past users or nonusers of drugs.
- An estimated 17.3% of homeless women were pregnant sometime in the past year, with the highest rate (22.2%) being among past drug users.
- An estimated 67.1% of the homeless people reported having at least one primary care problem, with the largest percentage reporting problems with their respiratory system (49.7%), heart or circulation (23.0%), bones or muscles (16.7%), digestive system (13.2%), skin ulcers or rashes (12.7%), or nerves (10.5%). Rates for current drug users were not significantly different from those of past drug users.
- Overall, 63.3% of the homeless people reported one to three of the preceding medical problems in the past year, and 7.1% reported having four or more problems.

Although health statistics are typically reported as the number of problems per 100,000 people, the percentages in Table 6.7 are for the number of problems per 100 people. The equivalent percentages for the household population in DC during 1989 would be about 0.08% for AIDS, 0.02% for STDs, 0.02% for tuberculosis, and 0.01% for hepatitis (Centers for Disease Control [CDC], 1990). The higher rates of drug-related illnesses among current and past drug users agree with other research findings (Haverkos & Lange, 1990).

Despite their medical problems, only 36% of the homeless population reported having any health insurance, with most of this being public coverage such as Medicaid or Medicare (26.9%); fewer than half of the public or private insurance policies covered drug treatment. Table 6.8 summarizes the insurance coverage and actual service utilization of homeless people in the DC MSA. Highlights include:

Figure 6.1 Co-occurrence of Heavy Alcohol Use, Current Illicit Drug Use, and Mental Health Treatment History in DC MSA Homeless and Transient Population



Note: Summary measures vary slightly from earlier tables due to missing data and rounding; the rates of co-occurring problems are calculated as the percentage of people in the group with two or more problems divided by the percentage of people in the group.

Source: NIDA 1991 DC*MADS Homeless and Transient Population Study.

Table 6.7 Primary Care Problems During the Past Year Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Medical Conditions in the Past Year¹	Current Drug Users²	Past Drug Users³	Non- users of Drugs	Total
Any drug-related illness	20.2	10.3	1.7	12.0
AIDS/ARC/HIV ⁴	4.0	1.3	* *	2.0
Other STDs ⁵	14.3	6.7	1.3	8.2
Tuberculosis	1.9*	0.6	0.3*	1.0
Hepatitis/yellow jaundice	2.9	1.9	0.1*	1.9
Pregnancy⁶	9.9*	22.2	14.0	17.3
Any other primary care problems	61.8	69.0	71.5	67.1
Respiratory	43.7	52.3	54.3	49.7
Heart/circulatory	19.4	23.6	27.6	23.0
Digestive	13.4	11.3	17.3	13.2
Bone/muscle	12.7	17.2	22.7	16.7
Neurological	10.5	8.7	14.6	10.5
Skin ulcers/rashes	10.6	17.0	6.2	12.7
Any preceding medical conditions	68.0	70.3	74.4	70.4
1-3	62.0	61.9	68.6	63.3
4+	6.0	8.6	5.8	7.1
No conditions	32.0	29.6	25.6	29.6
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

*,*Rounds to zero.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.7SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁴Acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), and human immunodeficiency virus (HIV).

⁵STDs are sexually transmitted diseases (e.g., syphilis, gonorrhea).

⁶Women only. (Total n=302; see Table 5.2 for the percentage of women in each group).

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.8 Primary Care Insurance Coverage and Treatment Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Pattern of Treatment¹	Current Drug Users²	Past Drug Users³	Non-users of Drugs	Total
Any insurance coverage	22.2	43.0	43.4	36.0
Public	14.4	32.2	35.7	26.9
Covers drug treatment	9.1	10.2	13.4	10.5
Private	5.0*	6.9	3.0	5.5
Covers drug treatment	0.4*	4.7	1.9*	2.7
Any hospitalization	74.5	87.0	69.0	79.1
Past year	25.4	25.3	21.4	24.6
Past month	4.5	2.9	3.9	3.7
Any emergency room use	88.1	81.7	72.3	82.1
Past year	41.7	35.1	32.6	36.9
Past month	8.7	9.3	5.3	8.3
Any outpatient treatment	100.0	100.0	100.0	100.0
Past year	56.3	71.7	69.0	65.9
Past month	31.2	35.4	30.4	33.0
Location of last outpatient visit in past year				
Any doctor visit	50.9	67.9	60.3	60.6
Private doctor/health clinic	18.6	23.3	20.5	21.1
Outpatient clinic	8.0	12.1	10.1	10.3
Public community health clinic	11.5	13.3	20.3	14.0
Shelter clinic/mobile outreach	9.9	13.9	5.4	10.8
Other	2.9	5.3	4.2*	4.3
No visit	49.1	32.1	39.7*	39.4
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.8SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- An estimated 79.1% of the homeless population reported having been hospitalized overnight one or more times in their lifetime, including 24.6% in the past year and 3.7% in the past month.
- Moreover, 82.1% had ever received care in an emergency room, including 36.9% who had received care in the past year and 8.3% who had received care in the past month. Current drug users were more likely than nonusers of drugs to have received care in an emergency room during the past year (41.7% vs. 32.6%).
- An estimated 65.9% reported at least one visit to an outpatient clinic in the past year, and 33.0% reported a visit in the past month. Visits in the past year were less commonly reported for current drug users (56.3%) than for past users (71.7%) or nonusers (69.0%).
- The main locations where people last visited a doctor (other than a hospital or emergency room) were at a private office or clinic (21.1%), a public community health clinic (CHC, 14.0%), a shelter or mobile outreach clinic (10.8%), or another kind of outpatient clinic (10.3%). The only type of location that current drug users were more likely to have visited than nonusers of drugs was a shelter or outreach clinic (9.9% vs. 5.4%).

As shown in Table 6.8, one out of four visits were to CHCs (14.0% out of 60.6%) Despite their relative rarity and small size, shelter clinics and mobile outreach programs (e.g., Health Care for the Homeless) were the site of nearly one out of six (10.8% out of 60.6%) of the last outpatient visits.

6.4 Correlates of Illegal Activity and Arrest

Table 6.9 presents lifetime rates for the homeless population of committing and being arrested for several types of illegal activities by the type of drug user. Some of the highlights include the following:

- Roughly half (48.3%) of the homeless people reported ever committing any illegal activities, and 30.5% reported ever having been arrested.
- Current drug users were over four times more likely than nonusers of drugs to have engaged in any criminal activity (64.2% vs. 13.8%).
- An estimated 32.0% of the past drug users reported being involved in the manufacture, sale, or distribution of drugs, with about 4 out of 10 (13.9% out of 32.0%) reporting one or more arrests related to these activities.
- Current drug users were almost twice as likely as past drug users to have committed a property offense (38.5% vs. 21.7%) and five times more likely to have done so than nonusers of drugs (38.5% vs. 7.4%).
- Current drug users were more likely than past drug users to have committed robbery, mugging, or purse snatching with force (18.0% for current drug users, 8.5% for past drug users).

Table 6.9 Illegal Activity and Arrests for Criminal Offenses in the Lifetime Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Illegal Activity ³	Current Drug Users ¹		Past Drug Users ²		Nonusers of Drugs		Total	
	Committed	Arrested	Committed	Arrested	Committed	Arrested	Committed	Arrested
Drug manufacture/sale or distribution	52.6*	21.4	32.0	13.9	0.4*	.*	32.8	13.6
Property offense such as burglary, larceny, or theft	38.5	23.9	21.7	14.1	7.4	6.3	24.6	15.9
Robbery, mugging, or purse snatching with force	18.0	7.2	8.5	5.0	2.4*	2.4*	10.6	5.2
Violent offense such as assault, kidnapping, rape, manslaughter, or homicide	12.8	6.1	14.8	8.4	5.4	5.1	12.2	6.9
Any of above criminal activities	64.2	41.2	51.6	30.6	13.8	12.1*	48.3	30.5
Total population (row %)	- (34.3) -		- (45.7) -		- (20.0) -		- (100.00) -	

*Low precision.

.*Rounds to zero.

¹Current drug users reported the use of one or more illicit drugs in the past month.

²Past drug users reported illicit drug use in their lifetime, but not in the past month.

³Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.9SE in Appendix B.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.10 presents information on the extent of drug-related criminal activities and the frequency of being arrested in the past year. Current drug users were twice as likely as past users to have been involved in drug-related criminal activities in the past year (73.3% vs. 38.4%). Current users were more than twice as likely as past drug users to have sold drugs (38.4% vs. 15.5%), received drugs in exchange for making or distributing them (36.4% vs. 11.1%), and/or traded sex for drugs (32.7% vs. 10.3%). Current drug users were also more likely than past drug users to have traded sex for shelter or food (8.8% vs. 2.3%).

These higher rates of criminal activity are reflected in the frequency with which current drug users report having been arrested in the past year. They were more than three times as likely as nonusers of drugs to have had multiple arrests (17.6% vs. 5.0%) and more than 10 times as likely to report being currently on probation or parole (17.3% vs. 1.6%).

6.5 Correlates of Unemployment, Disabilities, and Entitlement Participation

Tables 6.11 and 6.12 show patterns of lifetime and past year employment for the homeless population by patterns of illicit drug use, respectively. Highlights include:

- Although 98.8% of the DC MSA homeless people had worked in their lifetime and 61.9% had done so in the past year, only 38.8% had worked in the past month. Both current and past drug users were more likely than nonusers of drugs to have worked in both the past year and also in the past month.
- Recent occupations among the homeless population were service workers (29.9%), nonfarm laborers (19.6%), and craft/skilled laborers (18.2%). Current and past drug users were more likely than nonusers of drugs to have been skilled laborers.
- Current and past drug users were significantly more likely than nonusers of drugs to have worked more than 40 weeks in the past year (26.6% and 27.7% vs. 19.4%). They were more likely to have worked 35 or more hours in the past week (24.4% and 23.4% vs. 14.8%).
- Nonusers of drugs were four times more likely than current drug users to describe themselves as being disabled and not able to work (16.7% vs. 4.1%).

Table 6.13 presents information on lifetime sources of income and loss or denial of benefits during the current episode of homelessness. It is followed by Table 6.14, which presents data on mean income, expenses, and net income during the past month for the DC MSA homeless population. Highlights include:

**Table 6.10 Selected Illegal Activities and Arrests in the Past Year
Among the DC MSA Homeless and Transient
Population, by Illicit Drug Use**

Illegal Activities/Arrests During the Past Year¹	Current Drug Users²	Past Drug Users³	Non- users of Drugs	Total
Drug-related criminal activities	73.3	38.4	7.6	44.1
Driving under the influence	38.4*	25.5	7.6	26.3
Selling drugs	38.4	15.5	0.1*	20.2
Trading sex for drugs	32.7	10.3	*,*	15.9
Receiving drugs in exchange for making/ distributing them	36.4	11.1	*,*	17.5
Trading sex for shelter or food	8.8	2.3	0.1*	4.1
Any Arrests	53.0	27.6	18.5	34.4
1	35.4*	15.0	13.5	21.7
2+	17.6	12.6	5.0	12.8
No arrests	47.0	72.4	81.5	65.6
Currently on probation/parole	17.3	7.3	1.6	9.6
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

*,*Rounds to zero.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.10SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.11 Employment History Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Employment History¹	Current Drug Users²	Past Drug Users³	Non-users of Drugs	Total
Recency of employment				
Ever	99.9*	99.5	95.4	98.8
Past year	61.9	67.2	49.8	61.9
Past month	44.2	37.9	32.0	38.8
Last occupation				
Professional/technical	4.8	6.0	6.2	5.7
Sales	1.2	9.0	9.0	6.4
Clerical/office	9.8	5.7	4.9	6.9
Craft/skilled labor	22.1	19.6	8.4	18.2
Machine/transportation operative	5.6	4.0	7.4	5.2
Nonfarm laborer	20.7	19.7	17.6	19.6
Service worker	29.2	29.1	32.9	29.9
Farm owner/manager/laborer	1.6	1.8*	**.	1.4
Military service	**.	0.2	**.	0.1
Other	4.9*	4.2	9.1	5.5
Never worked	0.1*	0.5	4.6	1.2
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

*. Rounds to zero.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.11SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.12 Employment Patterns During the Past Year Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Employment Pattern¹	Current Drug Users²	Past Drug Users³	Non-users of Drugs	Total
Any jobs	61.9	67.2	49.8	61.9
1-3 jobs	49.3	59.9	41.1	52.5
More than 3	12.6	7.2	8.7	9.4
No jobs	38.1	32.8	50.2	38.1
Weeks worked	64.0	69.0	51.2	63.6
1-13 weeks	14.1*	14.2	17.6	14.9
14-26 weeks	12.5	18.1	8.8	14.3
27-39 weeks	10.8	8.9	5.3	8.8
40-52 weeks	26.6	27.7	19.4	25.6
No weeks	36.0	31.0	48.8	36.4
Hours per week in past month	44.2	37.9	32.0	38.8
1-34 hours	19.8	14.6	17.2	16.9
35+ hours	24.4	23.4	14.8	22.0
No hours	55.8	62.1	68.0	61.2
Current work situation				
Working full-time (35+ hr/wk)	22.3	19.1	17.1	19.8
Working part-time	14.7	11.5	9.4	12.2
Unemployed and looking for work	42.4	44.1	38.2	42.3
Unemployed and not looking for work	13.0	12.0	6.9	11.3
In school only	0.2*	2.0	1.8	1.4
Retired	*. *	*. *	2.0	0.4
Disabled, not able to work	4.1	6.5	16.7	7.7
Other	3.3	4.7	7.9	4.9
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

*.*Rounds to zero.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.12SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

**Table 6.13 Income Sources and Entitlement Participation Rates
Among the DC MSA Homeless and Transient
Population, by Illicit Drug Use**

Income/Entitlement¹	Current Drug Users²	Past Drug Users³	Non- users of Drugs	Total
Lifetime sources of income				
Job or self-employment	83.9	89.7	83.6	86.5
Illegal activity	53.2	21.3	0.9	28.2
SSI-low income ⁴	5.5	9.3	11.5	8.5
Retirement benefits	3.3	4.8	8.1	4.9
Veterans benefits	1.8	3.6	2.6	2.8
Unemployment/disability	28.6	29.8	16.3	26.7
AFDC/food stamps ⁴	48.0	58.1	46.6	52.4
General assistance	8.8	18.1	20.9	15.5
Other public assistance	2.2	3.8	4.5	3.4
Spouse/family	31.9	26.7	18.7	26.9
Strangers/passers-by	28.0	18.2	5.3	19.0
Other	7.0*	3.5	3.4	4.6
Any loss/denial of benefits since becoming homeless				
AFDC ⁴	14.1	14.9	16.5	15.0
Food stamps	2.4	5.6	1.4	3.7
Public/general assistance	10.7	6.3	11.9	8.9
	5.7	8.2	11.1	7.9
Medicaid/Medicare	2.3	6.3	5.9	4.8
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

*Low precision.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 6.13SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁴Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC).

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.14 Mean Income, Expenses, Net Income, and Income Poverty Level in the Past Month Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Past Month Income/Expenses¹	Current Drug Users²	Past Drug Users³	Non- users of Drugs	Total
All income (\$)	626.19	502.96	344.73	513.58
Earned income	264.02	211.49	155.32	218.65
Illegal income	177.50	45.96	0.13	82.24
Earned benefits	34.66	47.79	44.38	42.66
Other entitlements	87.24	126.80	126.59	113.35
Other income	68.66	78.93	24.94	64.67
All expenses (\$)	574.72	268.43	290.96	377.80
Living expenses	139.72	212.26	223.20	189.36
Medical expenses	15.01	7.95	17.25	12.23
Alcohol	59.18	29.10	25.53	38.78
Illicit drugs	345.99	5.48	0.00	122.13
Other	22.50	14.99	36.33	21.76
Total net income (\$)⁴	48.36	233.56	53.56	134.69
Earned net income ⁵	29.64	-49.98	-143.28	-40.02
Legal net income ⁶	214.27	193.47	53.46	172.95
Illegal net income ⁷	-167.76	41.50	0.10	-39.12
Income poverty level (%)⁸				
Above poverty line (%)	22.3	19.1	14.9	19.4
51%-100% of poverty line	23.5	27.8	22.8	25.3
26%-50% of poverty line	21.2	14.9	13.8	16.8
0%-25% of poverty line	32.9	38.2	48.6	38.5
Total population (row %)	(34.3)	(45.7)	(20.0)	(100.0)

¹Data entries are in dollars in the top part of the table and percentages in the bottom part. Unweighted number of respondents and standard errors are given in Table 6.14SE in Appendix B.

²Current drug users reported the use of one or more illicit drugs in the past month.

³Past drug users reported illicit drug use in their lifetime, but not in the past month.

⁴All income less all expenses.

⁵Earned income less expenses not for illicit drugs.

⁶Legal income less expenses not for illicit drugs.

⁷Illegal income less illicit drug expenses.

⁸Earned income/Poverty line income for a given size family, as set forth in the DHHS Poverty Income Guidelines (56 Fed. Reg. 34, 6859-6861 [February 20, 1991]). The "mean" number of people in a homeless household was 1.29 with a poverty guideline income of \$7,271/year.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- Besides employment (86.5%), the major sources of lifetime income included Aid to Families with Dependent Children (AFDC, 52.4%), illegal activity (28.2%), spouse/family (26.9%), unemployment/disability insurance (26.7%), strangers/passers-by (19.0%), and general assistance (GA, 15.5%). A significantly higher percentage of current drug users than nonusers received income from illegal activities (53.2% vs. 0.9%), spouse/family (31.9% vs. 18.7%), and strangers/passers-by (28.0% vs. 5.3%).
- An estimated 15.0% of the homeless population reported losing benefits or being rejected for one or more benefits since they became homeless, most commonly for food stamps (8.9%) and GA (7.9%).
- The average total income was \$513.58/month, from a variety of sources. The largest single source was earned income (\$218.65/month), followed by other entitlements (\$113.35/month), illegal income (\$82.24/month), other income (\$64.67/month), and earned benefits such as unemployment insurance (\$42.66/month).
- The mean amount of expenses in the past month was \$377.80, with the largest expenditures going to living expenses (\$189.36), followed by the purchase of illicit drugs (\$122.13). Current drug users had higher incomes on average (primarily as a result of higher illegal income), but they also had higher expenses (primarily as a result of purchasing drugs).
- Total net income averaged \$134.69/month, primarily as the result of transfer payments because net earned income averaged minus \$40.02/month. Current drug users had the lowest net income and appeared to be using much of their legal income for drugs because their illegal net income was minus \$167.76/month.

Only 19.4% of the homeless population was living above the Department of Health and Human Services (DHHS, 1991) poverty line (i.e., approximately \$7,271/year for the "average" homeless family of 1.29 people), with 25.3% living on 51% to 100% of the poverty line amount, 16.8% living on 26% to 50% of the poverty line amount, and 38.5% living on less than 25% of the poverty line amount. Nonusers of drugs were more likely to be living below the poverty line than current drug users or past drug users, and 48.6% were living below 25% of the poverty line.

The percentage of people denied entitlements (15.0%) is considerably lower than the 70% found by Rossi (1989), which may reflect recent initiatives to help homeless people (e.g., the Food Security Act of 1985, the Stewart B. McKinney Homeless Assistance Act of 1987, and the Hunger Prevention Act of 1988; Burt, 1992).

7.0 IMPLICATIONS, RECOMMENDATIONS, AND LIMITATIONS

Earlier chapters examined the prevalence of drug and alcohol use, its demographic and homelessness correlates, the patterns of use, and its relationship with other problems. This chapter discusses the implications of these findings for future efforts to monitor drug use and conduct research on homelessness, and for possible improvements of services for homeless people. Methodologically, attention is given to (a) the size of the overlaps between the homeless population and other DC*MADS populations, (b) how these overlaps may affect future research, and (c) subgroups of homeless people and the extent to which they can be found in various sampling frames. With regard to services, attention is given to the patterns of needs that were found.

7.1 Overlap with the Household and Other DC*MADS Populations

To develop comprehensive prevalence estimates for the DC MSA requires an assessment of the overlap between the homeless and household populations, as well as other DC*MADS populations. Table 7.1 presents the estimated overlap for subpopulations defined by each of the four frames (shelters, soup kitchens, encampments, and the street) and for the total population. The overlap is measured as the percentage of the homeless population in each column who also were members of another given population in their lifetime and in the past year. Highlights include:

- An estimated 95.5% of the homeless people had lived in a household, with 70.2% having lived in a household sometime during the past year.
- Approximately 19.4% had lived in unsupervised group quarters, although only 2.6% had done so in the past year.
- An estimated 88.5% had been in an institution, with 41.0% having been in one during the past year. This percentage includes 33.1% who had been incarcerated in their lifetime and 13.6% in the past year. It includes 85.9% who had been in some other form of institution (e.g., hospital or supervised setting for physical, mental, alcohol, or drug treatment) in their lifetime and 35.2% who had been there in the past year.
- Most of the homeless people (65.9%) had committed one or more criminal offenses, including 44.1% who had committed drug-related crimes in the past year. More than half of those who used soup kitchens had committed drug-related crimes in the past year (55.4%).
- Of the people aged 18 and older, 40.1% had dropped out of school before getting a high school diploma.

Table 7.1 Overlap with Other DC*MADS Populations in the Lifetime and Past Year, by Sample Type and Overall

Population¹	Shelter	Soup Kitchen	Encampment Cluster	Street	Total²
Household					
Lifetime	99.6*	95.7	82.6	78.8*	95.5
Past year	73.2	68.7	55.6	46.4*	70.2
Group quarters					
Lifetime	29.0	15.5	18.5	7.1*	19.4
Past year	5.6	1.2	0.6*	2.4*	2.6
Institutions					
Any lifetime	89.3	87.4	88.0	94.3*	88.5
Any past year	40.0	36.6	55.7	53.6*	41.0
Incarcerated lifetime	32.6	29.2	39.0	53.1*	33.1
Incarcerated past year	11.6	10.7	20.6	32.1*	13.6
Other instit. lifetime	86.7	84.7	84.0	92.0	85.9
Other instit. past year	34.8	31.3	45.8	39.8*	35.2
Literally homeless³					
Lifetime	94.9	73.2	90.9	91.6*	81.5
Past year	91.9	64.9	85.8	81.6*	73.8
Drug offenses⁴					
Drug activities lifetime	44.0	63.3	47.9	34.4*	51.8
Drug activities past year	36.4	55.4	39.8	29.9*	44.1
School dropout⁵	32.9	45.4	36.0	48.6*	40.1
Drug/alcohol treatment entry					
Lifetime	42.5	50.5	54.3	50.9*	48.2
Past year	18.4	26.0	25.9	28.2*	23.1
Pregnant women⁶					
Lifetime	90.3	93.0*	78.6*	91.3*	93.0
Past year	23.6	8.9*	23.3*	.*	17.3
Total population (row %)⁷	(56.3)	(65.2)	(1.7)	(20.5)	(100.0)
Population estimate⁷	5,844	6,771	174	2,129	10,387

*Low precision.

*.*Rounds to zero.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 7.1SE in Appendix B.

²Percentage adjusted for multiplicity between samples.

³Based only on questions comparable with other DC*MADS studies that asked if the person had lived in (a) campground or emergency shelter for the homeless, runaways, neglected or abused women, or (b) vacant building, public or commercial facilities, parks, cars, or on the street because of no place to stay.

⁴Past year activities include driving under the influence, selling drugs, being paid or given drugs for having sex, or receiving drugs in exchange for making or distributing drugs. Lifetime activities include past year activities in addition to a lifetime report of manufacturing, selling, or intending to distribute drugs.

⁵Percentages based only on respondents 18 and older (n=895).

⁶Percentages based on females only (n=302).

⁷Columns are not mutually exclusive for population estimates, which are based on all available data (see Table A.14). Encampments are a subset of the street frame. Because of the two- and three-way overlap in the sampling frames (see Figure 3-1), the unadjusted shelter, soup kitchen, and street columns add up to 14,744 person-contacts.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- An estimated 48.2% of the population had been in alcohol or drug abuse treatment, with 23.1% having received such treatment within the past year.
- Of the women, 93.0% had ever been pregnant, including 17.3% who had been pregnant in the past year.

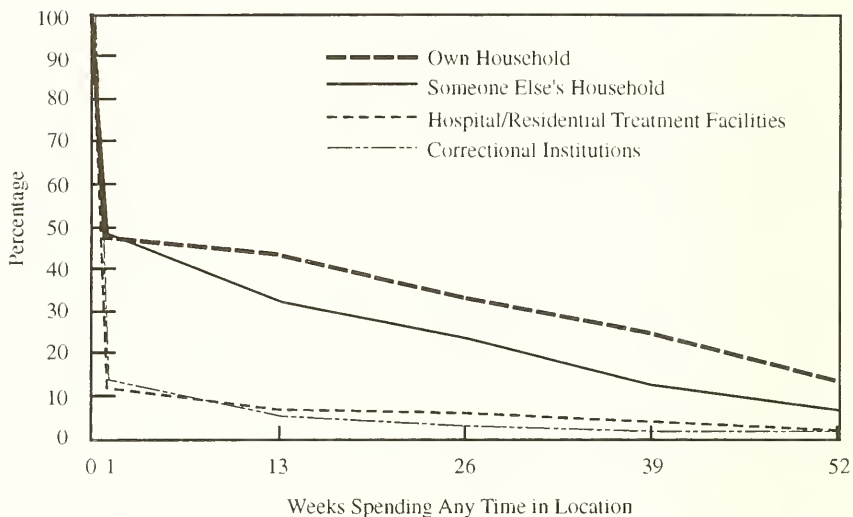
The extent of population overlap varies considerably by sampling frame. People in shelters were more likely to have histories of living in group quarters. People in soup kitchens were more likely than people in shelters or encampments to have committed drug-related crimes and to be school dropouts. People in encampments were more likely than people in shelters to report a drug/alcohol treatment history.

Figure 7.1 shows the percentage of homeless persons spending a certain number of weeks in one of the other locations in the DC MSA. Locations included an individual's own household, someone else's household where he/she was spending one or more nights, a hospital or residential treatment facility, or a correctional institution. The two most common other locations for finding homeless people were their own or someone else's household, from which almost half the population could have been sampled during the past year. Table 7.2 provides quarter-by-quarter estimates for these two groups. During the past year, almost half of the homeless people reported spending part of 1 or more weeks in their own home (47.0%) or a friend/relative's home (48.6%).

Figure 7.2 compares the size of the homeless and household populations overall and for subgroups of lifetime drug users, past year drug users, past month drug users, current heavy alcohol users, and past year IDUs. The relative contribution of the homeless population to the joint homeless-household population overall and for each of the subpopulations is given at the bottom of each column and shown in black in the figure. Figure 7.2 shows that, although homeless people constitute only 0.3% of the DC MSA's total population, they represent 0.7% of the area's lifetime illicit drug users, 1.6% of the past year drug users, 1.9% of the past month drug users, 2.8% of the current heavy alcohol users, and 19.0% of the past year IDUs. Thus, despite their overall variety, inclusion of homeless people can have a sizable impact on studies of drug users.

An implication of these findings is that IDU population estimates appear to be sensitive to the inclusion of homeless people. For example, including the homeless population would increase the estimate of past year injection drug use in the DC MSA from 0.2% to 0.25%. On the one hand, this is a fourth of a percentage point change in the overall prevalence rate. For lifetime needle users, this difference would not even appear in the NHSDA's published prevalence estimates due to rounding and would be only partially reflected in the population estimates (which are given in thousands). On the other hand, this higher percentage represents a 25% increase in the potential client population for drug treatment and related health services.

Figure 7.1 Percentage of Homeless People Spending Time in Other Possible Sampling Locations in the DC MSA



Note: This figure shows the number of weeks that a person spent any time in his/her own household, someone else's household, hospital/residential treatment facilities, or correctional institutions. Another 1% to 3% of the homeless population spent 1 or more weeks in an unsupervised group quarters or supervised nursing/group home.

Source: NIDA 1991 DC*MADS Homeless and Transient Population Study.

Table 7.2 Potential for Sampling Members of the Homeless and Transient Population from the Household Frame During the Past Year in the DC MSA

Weeks in the Household Frame¹	Own Household² (%)	Friend/Relatives' Household³ (%)
Any weeks	47.0	48.6
40-52	21.3	10.3
27-39	5.7	7.8
14-26	10.7	9.8
1-13	9.2	20.6
None	53.0	51.4

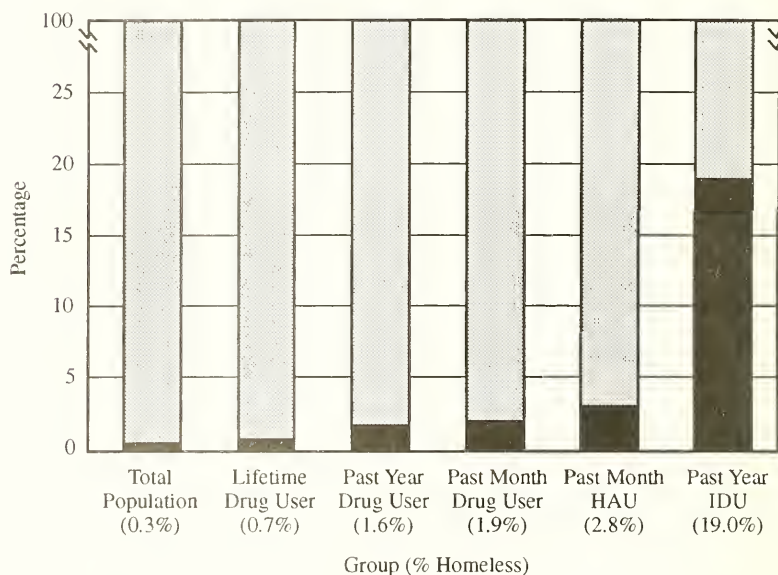
¹Unweighted number of respondents and standard errors are given in Table 7.2SE in Appendix B.

²Homeless person's own house, apartment, or room (i.e., part of the household population frame).

³A friend's or relative's house, apartment, or room (i.e., potential secondary way to have reached someone through the household frame).

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Figure 7.2 Comparison of the Relative Size of the Household and Homeless Populations Overall and for Lifetime, Past Year, and Past Month Illicit Drug Users, Heavy Alcohol Users, and Past Year Injecting Drug Users in the DC MSA



□ DC MSA Household Population
 ■ DC MSA Homeless and Transient Population

HAU = Heavy Alcohol User

IDU = Injecting Drug User

Note: Percentages are based on the estimated number of homeless people in the total population or drug/alcohol/needle use subgroup divided by the number in the combined household/homeless total populations or drug/alcohol/needle use subgroups.

It should be noted that the two populations covered in this figure may overlap. This overlap may occur, for example, because approximately 19.6 percent of the homeless and transient population (i.e., 30.4% of the soup kitchen users) were not literally homeless on the day they were surveyed (see Table 7.3). In addition, 47.0% of the homeless population reported having spent one or more weeks in their own residence in the year preceding the interview, and 48.6% reported spending one or more weeks in someone else's residence (see Table 7.2) in that time period. These persons presumably had some probability of selection for the NHSDA during the time they were in households.

Sources: NIDA 1991 DC*MADS Homeless and Transient Population Study and NIDA 1991 National Household Survey on Drug Abuse.

The high prevalence of IDUs sampled in shelters and soup kitchens offers an opportunity to address recent interests in oversampling IDUs for the NHSDA (Gfroerer, 1992). It has been impractical to do so in the past because of their relative rarity and the extensive amount of screening required in sampling from households. However, the findings of their relatively high rates of occurrence in shelters and soup kitchens provide an efficient option for oversampling IDUs.

7.2 McKinney Act Groups and Implications for Future Research on Homelessness

A major source of Federal funds for homeless people is the 1987 Stewart B. McKinney Homeless Assistance Act and its subsequent reauthorizations (Interagency Council on the Homeless, 1991). Table 7.3 summarizes the estimated percentage of people in each sampling frame who can be classified into one or more of several McKinney Act groups. These groups are composed of people who are either physically or mentally ill, heavy alcohol drinkers, past month drug users, unemployed, veterans, youth, or family members. Highlights include:

- An estimated 80.4% met the "literal" definition of homelessness. Of the remaining 19.6% who were at risk of becoming homeless, as indicated by use of a soup kitchen, over two-thirds had histories of homelessness (see Section 3.3).
- An estimated 57.5% had one or more problems with alcohol (27.5%), drug abuse (34.3%), and/or mental illness (28.1%).
- A total of 96.6% comprised one or more of the McKinney Act groups, with 70.4% having experienced one or more major illnesses in the past year and 54.1% currently being unemployed.
- Just over one-fifth (22.4%) were veterans of the U.S. armed forces.
- An estimated 22.7% were members of families of two or more people with one or more dependent children under the age of 18 and 5.2% were youths (under age 21).
- Individual McKinney Act groups varied by sampling frame. Heavy alcohol drinkers, for instance, made up 17.0% of the people in shelters, but 38.9% of the encampment cluster. Similarly, current (past month) drug users made up 18.8% of the people in the shelters, but 50.2% of the people using soup kitchens.

These data suggest the importance of assessing how well the various sampling frames cover each of the major subgroups. Because the frames overlap, the possibility of adding new frames should be evaluated by the marginal increase in population or subpopulation coverage that they offer. Table 7.4 examines this issue by successively adding frames of shelters, soup kitchens, encampments, and a probability sample of street sites. It shows

Table 7.3 Rates of Being in Selected McKinney Act Groups Among the DC MSA Homeless and Transient Population, by Sample Type and Overall

Selected McKinney Act Group¹	Shelter	Soup Kitchen	Encampment Cluster	Street	Total²
Literally homeless³	100.0	69.6	100.0	100.0	80.4
Any McKinney Act group	95.6	95.9	94.4	99.2*	96.6
Physically ill ⁴	78.8	59.7	69.6	77.8*	70.4
Any alcohol, drug, or mental problems ^{4,5,6}	42.7	66.1	72.8*	71.1*	57.5
Heavy alcohol drinker ⁵	17.0	30.5	38.9	41.9*	27.5
Past month drug user ⁶	18.8	50.2	40.9	24.4*	34.3
Mental illness history ⁷	24.1	30.4	31.1	26.7*	28.1
Unemployed	41.1	58.9	53.6	82.5*	54.1
Veteran	26.5	22.8	30.3	11.5*	22.4
Youths ⁸	6.8	3.3	4.0	7.0*	5.2
Family ⁹	31.0	17.2	5.3	10.3*	22.7
Total population (row %)¹⁰	(56.3)	(65.2)	(1.7)	(20.5)	(100.0)
Population estimate¹⁰	5,844	6,771	174	2,129	10,387

*Low precision.

¹Data entries are percentages. Unweighted number of respondents and standard errors are given in Table 7.3SE in Appendix B.

²Percentage adjusted for multiplicity between samples.

³Spending the night in an emergency shelter or a nondomicile.

⁴One or more major physical problems requiring a doctor's attention in the past year.

⁵Having five or more drinks per day on a weekly basis in past month (see Section 2.4).

⁶Use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

⁷Lifetime history of inpatient, outpatient, or pharmacological treatment for psychological or emotional problems.

⁸Persons 12 to 21 years old, according to the McKinney Act definition.

⁹People who regularly live in groups of two or more, provide support for themselves and at least one other person, and who have one or more minor children under age 18.

¹⁰Columns are not mutually exclusive for population estimates, which are based on available data (see Table A.14). Encampments are a subset of the street frame. Because of the two- and three-way overlap in the sampling frames (see Figure 3.1), the unadjusted shelter, soup kitchen, and street columns add up to 14,744 person-contacts.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

the percentages of the population or subpopulation covered by a shelter frame, a shelter plus a soup kitchen frame, those two plus an encampment frame, and those three plus a street frame. The far right column shows the estimate of the total population size based on all four frames, with the previously discussed adjustment for multiplicity.

The classifications here are based on population segments, not on locations where actual interviews were conducted. Thus, a person who reported spending the night in a shelter but was interviewed in the street would be in the shelter-and-street segment and included in the first column. The first two rows provide estimates for the total homeless and transient population and for the literally homeless subpopulation. Subsequent rows consider the coverage of selected groups eligible for assistance under the McKinney Act.

As shown in Table 7.4, the population coverage by frame indicates that shelters alone covered 56.3% of the total population on an average day. The addition of soup kitchens raised the coverage to 93.2%. The addition of encampments added about 1%, so that all three sites combined represented 94.2% of the total population. Three-site coverage was lower, however, for selected groups such as heavy alcohol users (86.5%) and the unemployed (90.2%); it was higher for veterans (97.4%) and past month drug users (98.1%). The results suggest that the contribution of random street block samples was typically in the 5% to 15% range and varied with the McKinney Act group in question. Although this study was conducted in a single MSA, its findings suggest that shelters alone do not adequately cover the population or major subgroups of interest. The addition of soup kitchens and encampments generally brought the population coverage to more than 90% and always to more than 80%.

For future studies like this, the decision to include a street sample or attempt to model the remaining population would depend on the expected yield, availability of alternative sites/methods, safety of researchers, and cost considerations. For example, the approach taken in this study was changed after the third month because of low yields, alternative sources of finding people, and problems with security. The street sample of 432 census blocks yielded only 80 people who were screened eligible. However, of the first 32 people interviewed on the street, 31 had used either a soup kitchen or shelter in their lifetime and 28 had done so in the past month. Although no interviewer was ever threatened by a homeless person, there were numerous other safety problems, including armed robbery, being surrounded by drug dealers, and being in the vicinity of several shootings.

Cost is a consideration because homeless people are geographically rare and relatively mobile, which means that even large stratified area probability samples may yield few interviews. In this study, finding the 80 eligible people in the street sample and

Table 7.4 Cumulative Coverage of the Homeless Population and Selected McKinney Act Groups, by Population Segments

Selected McKinney Act Group ¹	Any Population Segments from (Row %):				Total Population Size
	Shelter	Shelter/ Soup Kitchen	Shelter/ Soup Kitchen/ Encampment	Shelter/ Soup Kitchen/ Encampment/ Street	
Total homeless and transient population	56.3	93.2	94.2	100.0	10,387
Literally homeless ²	68.8	91.5	92.8	100.0	8,356
Any McKinney Act group	55.7	93.0	94.0	100.0	10,036
Physically ill ³	56.9	92.2	93.1	100.0	7,284
Any alcohol, drug, or mental problems ^{4,5,6}	50.8	91.9	93.1	100.0	5,591
Heavy alcohol drinker ⁴	40.4	85.3	86.5	100.0	2,721
Past month drug user ⁵	47.8	96.9	98.1	100.0	3,567
Mental illness history ⁶	49.4*	92.6*	93.7*	100.0	2,875
Unemployed	51.5	89.4	90.2	100.0	5,498
Veteran	65.6*	95.9	97.4	100.0	2,316
Youths ⁷	60.4*	84.7*	85.4*	100.0	538
Family ⁸	61.5	95.0*	95.2*	100.0	2,342

*Low precision.

¹Unweighted number of respondents and standard errors are reported in Table 7.4SE of Appendix B; all estimates are adjusted for multiplicity between samples.

²Spending the night in an emergency shelter or a nondomicile.

³One or more major physical problems requiring a doctor's attention in the past year.

⁴Having five or more drinks per day on a weekly basis in past month (see Section 2.4).

⁵Use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

⁶Lifetime history of inpatient, outpatient, or pharmacological treatment for psychological or emotional problems.

⁷Persons 12 to 21 years old, according to the McKinney Act definition.

⁸People who regularly live in groups of two or more, provide support for themselves and at least one other person, and who have one or more minor children under age 18.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

completing interviews with them cost more than twice as much in direct data collection labor as going to the shelters, soup kitchens, and encampment clusters to complete the majority of the interviews. More than 70.8% of the eligible people and 89.1% of the street respondents were found in DC, and no one who was eligible or even suspected of being eligible was ever found in a tract or block that had been rated as having a low probability of having homeless people by local experts. Thus, although it may be effective to conduct street sampling in such areas as DC or the Los Angeles "skid row" area (Hamilton, Rabinovitz, & Alschuler, Inc., 1987), sending interviewers to seek homeless people on the street in suburban or rural census blocks is not cost-effective.

Even in the contained geographic area of this study, it became apparent that there is regional variation as to where homeless people can be found. The number of people living in the street to those living in shelters varied from 40:100 in DC to 4:100 in Virginia. This variation is probably due to many factors, including local housing stock, weather conditions, and community and local governmental policies.

7.3 Implications for Local Policymakers and Service Providers

A goal of survey research is to produce information that will help policymakers and service providers design, implement, and manage programs more efficiently. When the population of interest has special needs, making the study's findings available and useful is imperative. Surveys on homelessness have been used to help reduce the number of technical violations for general assistance in Chicago (Rossi, 1989), increase food stamp participation rates and allow shelters to accept food stamps (Burt, 1992), increase health care for the homeless (Institute of Medicine, 1988), and increase the availability of mental health outreach and treatment (Federal Task Force on Homelessness and Severe Mental Illness, 1992). This report provides information on patterns and actual extent of service needs among the homeless population in the DC MSA. Some of the needs for treatment and services that were identified are summarized below.

- Although 34.3% of the homeless people were current drug users (and another 45.7% were past users), only 11.9% were currently in drug or alcohol treatment. Of the 60.8% of current users who had one or more treatment episodes, over half were in treatment for fewer than 30 days in their last episode.
- Although 28.1% of the homeless people had lifetime histories of mental health treatment and 25.7% had experienced four or more major problems in the past month, only 5.1% received any mental health treatment in the past month.
- Of the 57.5% of the homeless people who had one or more problems with alcohol, drugs, or mental illness, over half had two or more problems.

- An estimated 70.4% of the homeless people had one or more major medical problems in the past year, and 7.1% had four or more. This includes 12.0% (20.2% of current users) with one or more drug-related illnesses such as AIDS, STDs, tuberculosis, or hepatitis. Despite these problems and rates of visiting hospitals (24.6%) and emergency rooms (36.9%) in the past year, only 36.0% had any public or private health insurance.
- One out of four past year visits to the doctor (other than in an emergency room or hospital) was through public community health clinics. Another one out of six was through a shelter clinic or mobile outreach unit. Although shelter clinics and mobile outreach units are relatively rare, the findings suggest that these facilities are an important source of health care for homeless people.
- Roughly half (44.1%) of the homeless population had been involved in one or more criminal activities; while 34.4% had been arrested at least once. Current drug users were more likely than nonusers of drugs to have committed a criminal act in their lifetime (64.2% vs. 13.8%), been involved in drug-related criminal activities in the past year (73.3% vs. 7.6%), and have been arrested one or more times in the past year (53.0% vs. 18.5%).
- Although 98.8% of the homeless population had been employed in their lifetime, only 38.8% had worked in the past month, and 19.8% described themselves as currently working full-time. An estimated 7.7% considered themselves too disabled to work, and approximately 11.3% had given up searching for employment. Only 26.9% reported receiving any form of disability or unemployment insurance in their lifetime, and the mean income from such sources was \$43 per month.
- The average income in the past month was \$514. This amount included income from employment (\$219/month), entitlements (\$113/month), illegal income (\$82/month), other income (\$65/month), and earned benefits such as disability or unemployment insurance (\$43/month). An estimated 15% of the homeless population reported losing or being denied one or more benefits such as food stamps (8.9%) or general assistance (7.9%) since becoming homeless.
- More than 80% of the homeless population was living below the DHHS poverty line for the number of people in their immediate family. This percentage includes 55.3% below half the poverty line and 38.5% below a quarter of the poverty line.

Findings from this study suggest that there are multiple needs for services and treatment among the homeless and transient population. Homelessness appears to be related to a constellation of problems that stress emotional, psychological, financial, and health care resources.

7.4 Limitations of the Study

There are several important limitations that should be considered when reviewing this study's methodologies and conclusions. It may be possible to explore some of these through further analysis of the data and through replication of the research methods in subsequent studies. Foremost of the limitations is that the study is based on a single MSA during a single period of time that may not be representative of other areas or times. This constrains the generalizability of the research findings to the DC MSA.

The study faced several statistical challenges because of the need to use multiple sampling frames, problems in the field with a low screener response rate, and a need to modify the sample design midway through data collection. These combined factors produced variations and asymmetry in the weights and respondent distribution (and, hence, large design effects), necessitating adjustments for nonresponse and sample frame overlaps, explained further in Appendix A.

Another limitation is that, unlike the NHSDA, this study did not impute for item nonresponse. Although the extent of items missing data was less than 10% for every item (less than 1.5% in all drug prevalence estimates), missing data could introduce some form of bias, particularly for analysis across multiple items.

Another potential limitation is the lack of external validation for the interviews. Past studies suggest that drug use is often underreported and may be even more underreported in places such as shelters where a respondent may fear reprisal in spite of assurances of confidentiality (Gfroerer, 1992; Lessler, 1992; New York City Commission on the Homeless, 1992). To minimize this problem, several steps were taken to obtain truthful responses. Respondents were given assurances of confidentiality and anonymity and were interviewed by people who had worked with homeless people or were, at one time or another, homeless themselves.

These procedures appeared to work. Respondents appeared willing to answer questions about drug use and frequently reported potentially stigmatizing behaviors. Furthermore, the internal consistency of responses was fairly high on alcohol and drug items, with only 2.1% or fewer of the responses to drug questions being inconsistent. Fewer than 1.4% of the responses were inconsistent as a result of interviewer error, and fewer than 0.7% were due to respondents' acknowledging use of specific drugs in response to subsequent questions. Confidence in the data is reinforced because the data are consistent with several expected patterns of responses, including:

- The pattern of higher rates of drug and alcohol use among key demographic subgroups of the homeless population (e.g., men, people aged 26 to 34, blacks, single people, employed persons) Tables 4.3 to 4.6 was similar (although at higher levels) to that found in the DC MSA's household population (Flewelling et al., 1992).
- There was an association between the recency of illicit drug use and more drug-related problems (Tables 6.1 and 6.2) and between heavy alcohol use and more alcohol-related problems. This finding is similar to that found in the NHSDA (NIDA, 1990).
- The rates of comorbidity between people who had two or more problems with alcohol use, drug use, and mental illness (Table 6.6) are consistent with the NIMH Epidemiologic Catchment Area studies (Rieger et al., 1990), drug treatment studies (McLellan et al., 1985), and prior studies of homeless people (Koegel et al., 1990) that included more detailed clinical assessments.
- The association between the recency of drug use and drug-related illnesses (e.g., AIDS, STDs, tuberculosis, hepatitis) (Table 6.7) is consistent with prior medical reviews on drug-related infectious diseases (Haverkos & Lange, 1990).
- The rates of other medical problems (Table 6.7) are consistent in level and pattern with those found in studies of homelessness that included physical exams (Breakey et al., 1989; Gelberg & Linn, 1989; Institute of Medicine, 1988).
- The association between the recency of drug use and increased criminal activity, particularly drug-related crimes (Tables 6.9 and 6.10), is consistent with other research on this relationship (Chaiken & Chaiken, 1990; Collins & Zawitz, 1990).

These findings suggest that the pattern of responses is valid. To the extent that a potential bias exists, however, the findings reported in this study are probably conservative, suggesting that actual rates of drug use may be even higher. Further analysis of the internal consistency is discussed in Appendix A.

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Appendix A

Methodological Issues

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Appendix A

Methodological Issues

A.1 Purpose and Overview of This Appendix

The main text of the final report focuses on the key substantive findings and only provides an overview of the methodological procedures. This appendix provides methodological details and an evaluation of the procedures for similar research with hard-to-reach and hidden populations in other metropolitan areas. The Homeless and Transient Population Study attempted to synthesize methodology from several other probability-based studies of the homeless population (Breakey et al., 1989; Burt & Cohen, 1989; Hamilton, Rabinovitz, & Alschuler, Inc., 1987; James, 1991; Koegel et al., 1990; Rossi, 1989; Santiago et al., 1988; Vernez et al., 1988). References cited in this and other appendices are given in the alphabetical reference list that follows Chapter 7.0. Acronyms and initialisms used in this and other appendices are spelled out in the list of abbreviations that precedes the executive summary.

This study attempted to sample and interview homeless individuals from four major sampling frames: shelters, soup kitchens, encampments, and street locations. In addition to people who are literally homeless (e.g., on the street or in emergency housing), the eligible population was broadened to include people who had no regular place to go (e.g., someone who spent a single night in a hotel) and people who may be at risk of becoming homeless as indicated by use of a soup kitchen.

This appendix describes four major aspects of the study: sample design, instrumentation, data collection, and analysis. Section A.2 describes the design and implementation of the sampling plan and includes information on the response rates, characteristics of the final sample, and an analysis of the nonrespondents. Section A.3 discusses the development of instrumentation and includes an analysis of data quality and consistency. Section A.4 describes field preparation, interviewer training, and data collection; it includes an analysis of the quality control methods used and fieldwork. Section A.5 discusses the development of the analysis weights, the analysis, and validity of the responses. Section A.6 provides the relative rates of drug and alcohol use in the DC MSA Household population. Section A.7 summarizes the proportion of the budget spent on each of the various study activities.

A.2 Sample Design

A.2.1 Overview of Sample Design

The study was originally designed to cover the entire population of "literally" homeless people in the DC MSA through a random sample of shelters and census street blocks. It included two independent seasonal samples designated as the winter and spring samples, respectively, for shelters and street blocks. The winter sample consisted of interviews from February and March 1991, while the spring sample originally included interviews from April and May 1991 (May was later changed to June). Within each seasonal sample, units were randomly assigned to one of the two months, clustered geographically (half in the center of the MSA and half farther out), and then randomly assigned as a cluster to randomly sampled days in the month.

Over the first 3 months, it became evident that there were problems with the street component, including risks to the safety of interviewers, a low number of completed interviews, and difficulty in finding eligible respondents. Data collection was suspended in May to revise and implement an alternative sampling design in June. Design modifications included permanently ending the street sample and adding a sample of geographically clustered encampments and a soup kitchen sample in June. The month of May was used to develop the sampling frame of soup kitchens and encampment clusters, revise instrumentation and training materials, and retrain the interviewers.

At the end of the study, 908 interviews had been completed, including:

- 477 interviews with residents in 93 shelters during 64 days randomly sampled in February, March, April, and June 1991;
- 224 interviews with patrons of 31 soup kitchens and food banks during 16 days randomly sampled in June 1991;
- 143 interviews with literally homeless people from 18 major clusters of encampments during 16 days randomly sampled in June 1991; and
- 64 interviews with literally homeless people from an area probability sample of 432 census blocks sampled from the entire MSA during 48 days randomly sampled in February, March, and April 1991.

The modified design permitted expansion of the population coverage across the four frames and an evaluation of their overlap and cost-effectiveness. The modifications introduced several asymmetries that complicated the computation of seasonal estimates and analysis weights (discussed in Section A.5).

Table 2.1 in the main report summarizes the final sample design, response rates, and actual sample. The temporal sample was selected as a stratified random sample of 16 days

for each of the four (4-week) months: February, March, April, and June. Temporal strata were weeks with 4 days randomly sampled within each week. First-stage, spatial sample units (shelters, soup kitchen meals, encampment clusters, census blocks) were randomly assigned to sampled days to avoid temporal bias in the data collection. The estimate for each sampled day is an unbiased estimator of the homeless population total, so that the mean over the sampled days is an unbiased estimate of the average daily number of homeless people (during a given month or the entire data collection period). This approach eliminates the need to estimate multiplicity across sampled days. An overview of each of the four sampling frames is provided below. Details on building the sampling frames, selecting institutions and geographic sites, selecting and screening individuals, choosing the response rates, identifying characteristics of the final sample, and analyzing nonresponse follow later in this section.

The shelter sample was selected in two stages. At the first stage, a stratified sample of shelters was selected from the seasonal frame. Both winter and spring samples were stratified by size (i.e., shelter capacity). At the second stage, residents of each shelter on the sampled night were randomly selected with equal probabilities from an intake or resident roster. The shelter sampling rates were specified using expected occupancy data collected prior to the sampled day. Shelters in each month of the study were randomly assigned to 1 of 16 sampled days.

The soup kitchen sample was selected in two stages. At the first stage, site meals (e.g., breakfast, lunch, dinner) were selected with probabilities proportional to size (i.e., expected number of persons served a meal at a single sitting). Many soup kitchens had multiple sittings of each meal or operated programs at multiple sites. An equal number of persons was selected from each sampled meal unit so that the final sample would be approximately self-weighting. Soup kitchens were randomly assigned to 1 of the 16 sampled days in June.

Encampments were identified by the local experts who provided the ratings for the street sample (discussed below). Encampments were contiguous census blocks where homeless people appeared to stay. They were visually verified by means of a drive-by. Locations kept in the certainty sample were those where someone appeared to be homeless. These encampments were then geographically clustered into 18 groups and randomly assigned to 1 of the 16 days sampled in June or two replacement positions for days when no one was found. Although encampment clusters included many census blocks, the largest was smaller than several of the individual enumeration districts and rural blocks in the street sample.

The two seasonal street samples were selected in three stages; sample tracts and blocks were selected with stratified random sampling in the first two of these. Tracts and blocks were rated as high, medium, or low (see Section A.2.2.3) by individuals who provided homeless services in each municipality and by persons familiar with the area, including shelter operators, outreach workers, and Health Care for the Homeless staff. All individuals found in the selected blocks were included in the final sample and screened. The sampled blocks were randomly assigned to one of the two months in each season, grouped into 16 geographic clusters (with 4 to 5 blocks in the center of the MSA and 4 to 5 farther out) and then randomly assigned to 1 of the 16 sampled days in the month.

A.2.2 Building Sampling Frames, Selecting Institutional and Geographic Sites, and Obtaining Cooperation

A.2.2.1 Shelter Sample. Selection of a shelter sample involved development of a complete list of emergency housing facilities in the MSA, including shelters for abused persons and runaways, and hotels and motels from which jurisdictions purchase rooms. The list was initially assembled from the following sources:

- directories compiled by the Interfaith Council of Metropolitan Washington and the United Way of the National Capital Area,
- Metropolitan Washington Council of Governments (COG) Directory, and
- lists requested from the jurisdictions.

In September and October 1990, local experts from each of the 16 municipalities in the DC MSA were asked to verify the list as current and complete and to update it as necessary. Most of the experts worked in local government agencies that provide services and programs for homeless people.

Institutional cooperation was solicited by contacting the director of the sampled program, first by letter, then by telephone. Enclosed with the letter were: (a) a study brochure, (b) a summary of the data collection procedures, (c) a description of the procedural support requested from the shelter, and (d) a copy of the letter to be given to respondents after an interviewer left. Copies of these materials are included in Appendix D.

A.2.2.2 Soup Kitchen Sample. Like the shelter frame, the 1990 Interfaith Council's directory of services was used to construct the soup kitchen frame. This was supplemented by the directory of resources compiled by the Public Defender Service, by consultations with the Metropolitan Washington Council of Governments, and by service providers in the greater DC metropolitan area. The protocol used to verify and update the shelter list was repeated for the soup kitchen list. Types of food services at soup kitchens

varied, but generally fell into one of three categories: sit-down meals at a specific time, mobile units distributing food along a fixed route, and walk-in food banks. Cooperation was solicited with a letter and study brochure describing the project, followed by a telephone call.

A.2.2.3 Street Sample. Homeless people are mobile and often seek out-of-the-way places where they can safely rest at night. Consequently, selecting the street sample required an efficient design that would represent the homeless street population in the MSA. To this end, it was necessary to identify areas where homeless people would most likely be found between 4:00 and 5:30 A.M.

Municipal experts were asked to identify on a map the census tracts in their municipality with high concentrations of homeless street people, and jurisdictional experts were asked to rate the census blocks as high, medium, or low depending on the number of homeless people in a given block over a varying number of nights. Random samples of census tracts and blocks were then selected, with those rated high and medium having a greater chance for selection. Table A.1 shows the joint distribution of sampled tracts and blocks. The two block samples, selected for the winter and spring periods, were from a single sample of tracts.

A.2.2.4 Encampment Sample. Encampments often contained more than one census block and included parks, vacant buildings, underpasses, and places in forests and along rivers. To be considered an encampment, an area had to have concentrations of homeless people spending the night, as verified by research staff in two separate drive-bys between 4:00 and 5:00 A.M. in the last 2 weeks of May 1991.

A.2.3 Sampling and/or Screening Individuals Within Sites

A.2.3.1 Sampling Shelter Residents. The method of respondent selection within shelters varied slightly depending on the arrangement of the shelter and the method of rostering. Within each shelter, the first step was to develop a roster or list of residents, and then to use a random start and fixed interval to systematically sample who would be approached. Within motels, municipal officials helped to explain the study to residents, who were later contacted by research staff. Because many motels were for families, it was necessary to obtain parental permission to interview youth aged 12 to 18 years. The motel residency list was used as the roster for sampling.

A.2.3.2 Sampling Soup Kitchen Patrons. Selection at soup kitchens was similar to the shelter selection method (i.e., systematic random sampling), except that, because the number of people served varied from kitchen to kitchen and day to day, the random start and fixed interval were not preassigned. Instead, the numbers were determined with an on-site sampling worksheet (Figure A.1) after verifying the expected number of individuals

Table A.1 Original Street Sample Allocation to Strata

Census Blocks	Block Stratum Total ¹	Sampled Census Tracts/Blocks			Total
		High	Medium	Low	
Census tract stratum count	--	111	117	602	830
Census tract sample ²	--	32	16	16	64
Winter sample					
Total sampled blocks	2,042	171	64	53	288
High	176	54	27	17	98
Medium	146	48	13	9	70
Low	1,720	69	24	27	120
Spring sample					
Total sampled blocks	2,042	170	64	54	288
High	176	73	33	26	132
Medium	146	52	14	8	74
Low	1,720	45	17	20	82

-- Not applicable.

¹Number of blocks within the sampled tracts.

²The winter and spring samples used the same census tract sample, but independent block samples with replacement.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Figure A.1
Soup Kitchen Sampling Worksheet

ID Number: XXXX
Original Expected n: 125

Revised Expectation ¹		Random	Sampled Clients													
Low	High	Start	Interval													
0	14	1	1		1	2	3	4	5	6	7	8	9	10	11	12
25	34	1	3		1	4	7	10	13	16	19	22	25	28	31	34
35	44	1	4		1	5	9	13	17	21	25	29	33	37	41	45
45	54	4	5		4	9	14	19	24	29	34	39	44	49	54	59
55	64	3	6		3	9	15	21	27	33	39	45	51	57	63	69
65	74	0	7		0	7	14	21	28	35	42	49	56	63	70	77
75	84	0	8		0	8	16	24	32	40	48	56	64	72	80	88
85	94	4	9		4	13	22	31	40	49	58	67	76	85	94	103
95	104	2	10		2	12	22	32	42	52	62	72	82	92	102	112
105	114	9	11		9	20	31	42	53	64	75	86	97	108	119	130
115	124	1	12		1	13	25	37	49	61	73	85	97	109	121	133
125	134	4	13		4	17	30	43	56	69	82	95	108	121	134	147
135	144	10	14		10	24	38	52	66	80	94	108	122	136	150	164
145	154	13	15		13	28	43	58	73	88	103	118	133	148	163	178
155	164	8	16		8	24	40	56	72	88	104	120	136	152	168	184
165	174	10	17		10	27	44	61	78	95	112	129	146	163	180	197
175	184	13	18		13	31	49	67	85	103	121	139	157	175	193	211
185	194	9	19		9	28	47	66	85	104	123	142	161	180	199	218
195	204	6	20		6	26	46	66	86	106	126	146	166	186	206	226
205	214	16	21		16	37	58	79	100	121	142	163	184	205	226	247
215	224	12	22		12	34	56	78	100	122	144	166	188	210	232	254
225	234	20	23		20	43	66	89	112	135	158	181	204	227	250	273

¹Do not use negative number ranges. If 14 or fewer people are expected, use the first row.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

at the selected meal that day. Selection was done prior to the meal so that interviewing could occur immediately, with less waiting time for respondents selected later. In food banks, selection often occurred after an individual picked up his/her food basket. Mobile units presented a unique challenge because people did not line up until the vehicle arrived. In most instances, there was not adequate time for pre-meal selection between the time when a line formed and when a mobile unit began handing out food.

If selection was done prior to a meal and a respondent was willing to begin an interview immediately, interviewers were authorized to provide food coupons (\$3 per respondent) as compensation for the missed meal. However, food providers usually allowed these individuals to have a meal after the interview so that the food coupons were rarely used.

A.2.3.3 Screening People in the Street Sample. Interviewers were required to approach everyone in the sampled block unless they were wearing a uniform (e.g., police officers), clearly working (e.g., taxicab drivers, newspaper deliverers, janitors, workers at a construction site), or involved in illegal activity (e.g., prostitutes, drug dealers) and to document the location, time, and outcome for every person they saw, even for those they were not required to approach. Interviewers were instructed not to wake people, but rather to wait for them to wake up. In addition to the \$10 incentive, street respondents were offered coffee, juice, and pastry.

A.2.3.4 Screening People in Encampments. Encampments followed a similar screening procedure as that for the street sample, but often covered larger geographic areas. To cover these areas, the eight- to nine-person team was split into two to three pairs. Records were made for all people seen and approached. An interviewer observation form was completed for everyone approached for screening, regardless of whether he/she participated. The observation form included information on what the person was doing, his/her appearance, and limited demographics.

A.2.4 Response Rates and Final Sample

This section summarizes the actual or unweighted institutional and individual samples, including information on their response rates and characteristics. Table A.2 indicates the number of shelters and soup kitchen meals in the sampling frame, and the number who were ineligible, refused, or agreed to participate. For soup kitchens, the sampling unit was the meal/location/sitting, not the institution per se. Ineligible institutions were those that had stopped providing services to the homeless population. The first set of rows shows the initial sample, the second the replacement sample, and the third the combined or total sample. For both shelters and soup kitchen meals, replacement samples were drawn to reach the desired number of institutions. The overall institutional response rate was 82.6%, including 78.6% for shelters and 96.9% for soup kitchens.

Table A.2 Institutional Sample Summary, Adjustment, and Response Rates

Sample Status	Shelters			Soup Kitchens/ Meals ¹	Institution Total
	Winter	Spring	Total		
Sampling frame	290	290	290	105	395
Initial	63	60	123	32	155
Ineligible	6	12	18	5	23
Refused	10	11 ³	21 ³	1	22 ³
Completed	47	37 ²	84 ²	26	110 ²
Replacement	13	1	14	5	19
Ineligible	2	0	2	0	2
Refused	4	0	4	0	4
Completed	7	1	8	5 ²	13 ²
Total sampled	76	61	137	37	174
Ineligible	8	12	20	5	25
Refused	14	11 ³	25 ³	1	26 ³
Completed	54	38 ²	92 ²	31 ²	123 ²
Institutional response rate⁴	79.4%	77.6%	78.6%³	96.9%	82.6%

¹The sitting of a particular meal at a given location was the sampling unit; e.g., two sittings of breakfast at the same program were treated as two units.

²Includes one institution that agreed to participate but had no clients on the sampled day.

³Includes three shelters that refused participation in the winter and were not recontacted when they were drawn into the sample again.

⁴(Total completed)/(Total completed + Total refusal).

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table A.3 summarizes the individual response rates. It is divided into two parts--a screener section for the encampment and street samples where people had to be literally homeless to be interviewed, and a main questionnaire section for all of the samples. In each section, the number of people approached is followed by the number of people who were cognitively impaired, refused screening or interviewing, or completed a screener or questionnaire. Note that impairment could have been detected either during the initial screening or during the interview. For the screener section, the number of people who were screened out of the study is listed. For the main questionnaire section, the number of people who broke off an interview before completing the sections on homelessness and drug use is listed. Response rates are calculated as the number of completed screeners or questionnaires divided by the number approached minus those who were cognitively impaired. The overall response rate was 68.2% for the screener, with 91.1% for encampments and 57.3% for the street sample. The overall response rate was 86.1% for the main questionnaire, with 89.8% for the shelter sample, 75.2% for the soup kitchen sample, 97.9% for the encampment sample, and 80.0% for the street sample.

Tables A.4, A.5, and A.6 give the unweighted numbers of respondents in each frame for demographic characteristics, homelessness history and chronicity, and patterns of homeless service use, by sample type and overall. They correspond to Tables 3.1, 3.3, and 3.4 of the main report and are the basis for other tables in Chapters 4.0 and 5.0.

A.2.5 Analysis of Nonresponse

To address the question of nonresponse, interviewers were asked to complete a three-page interviewer observation form on everyone they approached for the study, regardless of their eventual eligibility or willingness to participate. (A copy is in Appendix D.) Table A.7 presents the interviewer-observed gender, race, and age of all people who were approached, by their level of participation. They are divided into people who were cognitively impaired, refused to be screened (encampment and street only), screened ineligible (encampment and street only), refused the interview, started the interview but stopped before completing Section C, and completed through at least Section C (this includes six more people who broke off before completing the full interview). The data in the main report are based on people who completed the interview. A total column is provided that includes people who were cognitively impaired, screened ineligible, and excluded from the data set. Table A.8 provides information on interviewer observations of each respondent's appearance, truthfulness, and accuracy by these same levels of participation.

Based on interviewer observations, people who were cognitively impaired were more likely than those completing interviews to be male (76.5% vs. 67.3%), black (77.4% vs. 71.8%), incoherent (65.7% vs. 7.5%), confused (62.9% vs. 4.2%), between the ages of 31 to 40 (58.1% vs. 39.0%), dirty and unkempt (51.4% vs. 9.1%), physically ill (38.6% vs. 0.2%),

Table A.3 Individual Response Rates

Instrument/Outcome	Shelter	Soup Kitchen	Encampment Cluster	Street	Total
 Screener					
a. People approached	--	--	180	363	543
b. Cognitively impaired ¹	--	--	12	9	21
c. Refused screening	--	--	15	151	166
d. Screened	--	--	153	203	356
e. Screener response rate ²	--	--	(91.1%)	(57.3%)	(68.2%)
f. Screened ineligible ³	--	--	4	119	123
Main questionnaire					
g. Eligible people approached	537	298	149	84	1,068
h. Cognitively impaired ¹	6	0	3	4	13
i. Refused	51	74	0	16	141
j. Break off ⁴	3	0	3	0	6
k. Completed interview	477	224	143	64	908
l. Interview response rates ⁵	(89.8%)	(75.2%)	(97.9%)	(80.0%)	(86.1%)

-- Not applicable.

¹Too intoxicated to participate or scoring more than 9 on the Short Blessed Exam (Katzman et al., 1983). See Appendix D for a copy of the Short Blessed Exam.

²Screener response rate was calculated as the number screened divided by the number of people approached minus those who were ineligible due to cognitive impairment [d/(a-b)].

³Not literally homeless (i.e., not spending the night in a shelter or nondomicile).

⁴Respondent broke off the interview before completing homeless and drug sections of survey. See Appendix D for a copy of the questionnaire.

⁵Questionnaire response rate was calculated as the number of people interviewed divided by the number of eligible people minus those who were ineligible due to cognitive impairment [k/(g-h)].

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table A.4 Unweighted Demographic Characteristics of Homeless and Transient Population Study Respondents, by Sample Type and Overall

Demographic Characteristic ²	Shelter		Soup Kitchen		Encampment Cluster		Street		Total ¹	
	n	%	n	%	n	%	n	%	n	%
Number of respondents	477	100.0	224	100.0	143	100.0	64	100.0	908	100.0
Sex										
Male	239	50.1	185	82.6	125	87.4	57	89.1	606	66.7
Female	238	49.9	39	17.4	18	12.6	7	10.9	302	33.3
Age group										
12-25 years	113	21.2	31	13.4	9	6.3	6	9.4	159	16.1
26-34 years	172	36.1	76	33.9	46	32.2	25	39.1	319	35.1
35+ years	191	40.0	117	52.2	88	61.5	33	51.6	429	47.2
Race/ethnicity³										
White	102	21.4	53	23.7	32	22.4	6	9.4	193	21.3
Black	331	69.4	154	68.8	96	67.1	51	79.7	632	69.6
Hispanic	33	6.9	14	6.2	6	4.2	1	1.6	54	6.0
Other	7	1.5	2	0.9	7	4.9	5	7.8	21	2.3
Marital status										
Single	267	56.0	116	51.8	76	53.2	43	67.2	502	55.3
Married	47	9.9	25	11.2	15	10.5	1	1.6	88	9.7
Divorced/widowed	152	31.9	80	35.7	47	32.9	18	28.1	297	32.7
Location⁴										
DC	252	52.8	114	50.9	133	93.0	57	89.1	556	61.2
Maryland	97	20.3	39	17.4	3	2.1	4	6.2	143	15.8
Virginia	128	26.8	71	31.7	7	4.9	3	4.7	209	23.0
Adult education^{5,6}										
Less than high school	171	35.8	97	43.3	54	37.8	39	60.9	361	39.8
High school graduate	195	40.9	87	38.8	53	37.1	17	26.6	352	38.8
Any college	92	19.3	39	17.4	34	23.8	7	10.9	172	18.9
Current employment⁶										
Full-time	91	19.1	52	23.2	18	12.6	6	9.4	167	18.4
Part-time	60	12.6	24	10.7	19	13.3	6	9.4	109	12.0
Unemployed	214	44.9	117	52.2	74	51.8	46	71.9	451	49.7
Other ⁷	92	19.3	23	10.3	26	18.2	6	9.4	147	16.2

¹See Table A.14 for the number of respondents by the population segments used to adjust for multiplicity between sample frames.

²Weighted population estimates are reported in Table 3.1 in Chapter 3.0; standard errors are given in Table 3.1SE in Appendix B.

³The category "other" for race/ethnicity is not included in Table 3.1 because there were too few (n=21).

⁴The District of Columbia Metropolitan Statistical Area (DC MSA) is defined in Section 1.1.

⁵As with the NHSDA, general equivalency diplomas (GEDs) are not considered in this measure.

⁶Persons aged 12 to 17 (n=12) were excluded from estimates of adult education and current employment.

⁷Retired, disabled, homemaker, student, or "other."

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table A.5 Unweighted History and Chronicity of Homeless and Transient Population Study Respondents' Homelessness, by Sample Type and Overall

History/Chronicity of Homelessness ¹	Shelter		Soup Kitchen		Encampment Cluster		Street		Total ²	
	n	%	n	%	n	%	n	%	n	%
Number of respondents	477	100.0	224	100.0	143	100.0	64	100.0	908	100.0
Times homeless										
None	--	--	32	14.3	--	--	--	--	32	3.5
1	263	55.1	86	38.4	54	37.8	31	48.4	434	47.8
2 or more	208	43.6	101	45.1	87	60.8	28	43.8	424	46.7
Age first homeless										
Never homeless	--	--	32	14.3	--	--	--	--	32	3.5
Under 25	183	38.4	70	31.2	50	35.0	24	37.5	327	36.0
26-34	152	31.9	59	26.3	44	30.8	19	29.7	274	30.2
35+	132	27.7	60	26.8	48	33.6	20	31.2	260	28.6
Length of current/last episode										
Never homeless	--	--	32	14.3	--	--	--	--	32	3.5
Less than 6 months	282	59.1	67	29.9	42	22.4	13	20.3	404	44.5
6 or more months	194	40.7	123	54.9	101	70.6	50	78.1	468	51.5
Stage of homelessness³										
Newly homeless	174	36.5	24	10.7	15	10.5	7	10.9	220	24.2
Chronically homeless	94	19.7	40	17.9	41	28.7	29	45.3	204	22.5
Intermittently homeless	209	43.8	78	34.8	87	60.8	28	43.8	402	44.3
At risk of homelessness	--	--	82	36.6	--	--	--	--	82	9.0

-- Not applicable.

¹Weighted population estimates are given in Table 3.3 in Chapter 3.0; standard errors are given in Table 3.3SE in Appendix B.

²See Table A.14 for the number of respondents by the population segments used to adjust for multiplicity between sample frames.

³See Section 2.4.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table A.6 Unweighted Service Use Patterns of Homeless and Transient Population Study Respondents, by Sample Type and Overall

Service Use Pattern ¹	Shelter		Soup Kitchen		Encampment Cluster		Street		Total ²	
	n	%	n	%	n	%	n	%	n	%
Number of respondents	477	100.0	224	100.0	143	100.0	64	100.0	908	100.0
Lifetime service use³										
Any service	477	100.0	224	100.0	132	92.3	61	95.3	894	98.5
Shelter only	206	43.2	--	--	11	7.7	6	9.4	223	24.6
Soup kitchen only	--	--	57	25.4	14	9.8	4	6.2	75	8.3
Shelter and soup kitchen	271	93.3	167	74.6	107	74.8	51	79.7	596	65.6
None	--	--	--	--	11	7.7	3	4.7	14	1.5
Past month service use³										
Any service	477	100.0	224	100.0	113	79.0	58	90.6	872	96.0
Shelter only	290	60.8	--	--	11	7.7	8	12.5	309	34.0
Soup kitchen only	--	--	111	49.6	45	31.5	13	20.3	169	18.6
Shelter and soup kitchen	187	39.2	113	50.4	57	39.9	37	57.8	394	43.4
None	--	--	--	--	30	21.0	6	9.4	36	4.0
Population segment⁴										
Any service	477	100.0	224	100.0	62	43.4	36	56.2	799	88.0
Shelter only	316	66.2	--	--	--	--	--	--	316	34.8
Soup kitchen only	--	--	109	48.7	--	--	--	--	109	12.0
Street only	--	--	--	--	81	56.6	28	43.8	109	12.0
Shelter and soup kitchen	109	22.8	90	40.2	--	--	--	--	199	21.9
Shelter and street	41	8.6	--	--	6	4.2	10	15.6	57	6.3
Soup kitchen and street	--	--	20	8.9	49	34.3	17	26.6	86	9.5
All three	11	2.3	5	2.2	7	4.9	9	14.1	32	3.5
None	--	--	--	--	81	56.6	28	43.8	109	12.0

-- Not applicable.

¹Unweighted population estimates are reported in Table 3.4 in Chapter 3.0; standard errors are given in Table 3.4SE in Appendix B.

²See Table A.14 for the number of respondents by the population segments used to adjust for multiplicity between sample frames.

³The "none" come only from the encampment and street samples.

⁴Whether the respondent was in one, two, or three of the main population domains during the 24-hour sampled day: shelter, soup kitchen, and street (including encampments).

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table A.7 Interviewer Observations of the Respondent's Gender, Race, and Age, by Level of Participation

Interviewer Observations ⁷	Cognitively Impaired ¹		Refused Screener ²		Screened Ineligible ²		Refused Interview ³		Incomplete Interview ⁴		Completed Interview ⁵		Total ⁶	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Gender														
Male	34	100.0	165	100.0	122	100.0	141	100.0	2	100.0	905	100.0	1,369	100.0
Female	26	76.5	124	75.2	98	80.3	90	63.8	2	100.0	609	67.3	949	69.3
	8	23.5	41	24.8	24	19.7	51	36.2	0	0.0	296	32.7	420	30.7
Race														
White	31	100.0	164	100.0	115	100.0	123	100.0	2	100.0	892	100.0	1,327	100.0
Black	6	19.4	34	20.7	34	29.6	34	27.6	0	0.0	208	23.3	316	23.8
Other	24	77.4	116	70.7	78	67.8	68	55.1	2	100.0	640	71.8	928	69.9
	1	3.2	14	8.5	3	2.6	21	17.1	0	0.0	44	4.9	83	6.2
Age (years)														
Under 18	31	100.0	165	100.0	121	100.0	124	100.0	2	100.0	902	100.0	1,345	100.0
18-21	0	0.0	0	0.0	2	1.6	1	0.8	0	0.0	14	1.6	17	1.3
22-30	2	6.4	17	10.3	30	24.8	7	5.6	0	0.0	48	5.3	104	7.7
31-40	6	19.4	55	33.3	33	27.3	22	17.7	1	50.0	280	31.0	397	29.5
41-50	18	58.1	59	35.8	28	23.1	60	48.4	1	50.0	352	39.0	518	38.5
51 and over	2	6.4	28	17.0	23	19.0	20	16.1	0	0.0	144	16.0	217	16.1
	3	9.7	6	3.6	5	4.1	14	11.3	0	0.0	64	7.1	92	6.8
Total observations (row %)	35	2.5	166	12.0	123	8.9	144	10.4	2	0.2	908	65.9	1,378	100.0

¹Too intoxicated to participate or scoring more than 9 on the Short Blessed Exam (Katzman et al., 1983).

²Encampment and street samples only.

³Only of those eligible.

⁴A breakoff of the interview before completing Sections A through C.

⁵An interview completed through Section C. These are the data used in the main report.

⁶Includes people who were too cognitively impaired to be interviewed or who were screened ineligible.

⁷Entries exclude missing data; percentages are column percentages for each item unless noted.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table A.8 Interviewer Observations of the Respondent's Appearance, Truthfulness, and Accuracy, by Level of Participation

Interviewer Observations ⁷	Cognitively Impaired ¹		Refused Screener ²		Screened Ineligible ²		Refused Interview ³		Incomplete Interview ⁴		Completed Interview ⁵		Total ⁶	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Appearance	35	100.0	166	100.0	119	100.0	111	100.0	2	100.0	876	100.0	1,309	100.0
Drunk	13	37.1	166	9.6	119	0.8	4	3.6	0	0.0	30	3.4	64	4.9
Under the influence of drugs	10	28.6	11	6.6	5	4.2	1	0.9	0	0.0	33	3.8	60	4.6
Physically ill	10	38.6	2	1.2	1	0.8	0	0.0	0	0.0	2	0.2	15	1.2
Confused	22	62.9	5	3.0	2	1.7	9	8.1	0	0.0	37	4.2	75	5.7
Incoherent	23	65.7	11	6.6	1	0.8	2	1.8	0	0.0	3	7.5	40	3.1
Dirty and unkempt	35	51.4	25	15.1	119	1.7	111	11.7	0	0.0	80	9.1	138	10.5
Shabbily dressed	17	48.6	39	23.5	15	12.6	19	17.1	1	50.0	191	67.7	282	21.5
Carrying personal belongings	5	2.7	55	33.1	8	6.7	9	8.1	0	0.0	70	8.0	147	11.2
Neat and alert	3	8.6	91	54.8	92	77.3	76	68.5	2	100.0	605	69.1	869	66.4
Going to some place	4	11.4	92	55.4	89	74.8	68	61.3	0	0.0	562	64.2	815	62.2
Coming from some place	7	20.0	89	53.6	84	70.6	16	6.7	0	0.0	42	17.6	238	18.2
Engaged in work	1	2.9	37	22.3	10	8.4	4	3.6	0	0.0	36	4.1	88	6.7
Engaged in illegal activity	0	0.0	15	9.0	5	4.2	2	1.8	0	0.0	6	0.7	28	2.1
	0	0.0	6	3.6	2	1.7	1	0.9	0	0.0	4	0.5	13	1.0
Truthfulness	17	100.0	92	100.0	117	100.0	34	100.0	2	100.0	871	100.0	1,133	100.0
Very confident	4	23.5	52	56.5	77	65.8	6	17.6	1	50.0	429	49.25	569	50.2
Confident	0	0.0	17	18.5	32	27.4	11	32.4	1	50.0	331	38.0	392	34.6
Unsure	6	35.3	14	15.2	5	4.3	13	38.2	0	0.0	80	9.2	118	10.4
Doubtful	3	17.6	5	5.4	1	0.8	1	2.9	0	0.0	20	2.3	30	2.6
Very doubtful	4	16.7	4	4.4	2	1.7	3	8.8	0	0.0	11	1.3	24	2.1
Accuracy	16	100.0	96	100.0	115	100.0	28	100.0	2	100.0	874	100.0	1,131	100.0
Very confident	5	31.2	56	58.2	76	6.7	6	21.4	1	50.0	411	47.0	555	49.1
Confident	2	12.5	20	20.8	29	25.2	9	32.1	1	50.0	332	38.0	393	34.8
Unsure	4	12.5	4	4.2	1	0.9	0	0.0	0	0.0	23	2.6	30	2.6
Doubtful	3	18.8	4	4.2	2	1.7	3	10.7	0	0.0	11	1.3	23	2.0
Very doubtful	4	23.5	4	4.4	2	1.7	3	8.8	0	0.0	11	1.3	24	2.1
Total observations (row %)	35	2.5	166	12.0	123	8.9	144	10.4	2	0.2	908	65.9	1,378	100.0

¹Too intoxicated to participate or scoring more than 9 on the Short Blessed Exam (Katzman et al., 1983).

⁵These are the data used in the main report.

⁶Includes people who were too cognitively impaired to be interviewed or who were screened ineligible.

³Only of those eligible.

⁷Entries exclude missing data; percentages are column percentages for each item unless noted.

⁴Interview broken off before completing Section C.

Source: 1991 NIDA DC*ADS Homeless and Transient Population Study.

drunk (37.1% vs. 3.4%), and under the influence of drugs (28.6% vs. 3.8%). Interviewers were more unsure of the truthfulness of replies of those who were cognitively impaired, and more doubtful of the accuracy of their responses.

The institutional response rate for shelters was slightly lower in the spring sample because it included three shelters that refused to participate in the winter and were not recontacted when they were drawn into the sample again. Ineligible institutions included day programs, childcare centers, shelters that had closed, and motels that were not being used for emergency housing. Of the 537 residents approached in shelters (see Table A.3), 6 were too intoxicated or cognitively impaired to be interviewed, 51 refused to participate, 3 broke off before completing the key drug sections, and 477 participated (89.8% individual response rate).

The overall institutional response rate for soup kitchen meals was 96.9% (see Table A.2). The one soup kitchen that refused to participate served meals on an irregular basis and could not fit the survey into its schedule. The five ineligible programs included two that were closed for remodeling, a Head Start program, a program for the elderly, and one that went out of business. Of the 298 residents approached at soup kitchens (see Table A.3), none was cognitively impaired, 74 refused, and 224 participated (75.2% individual response rate). None of the interviews was broken off before the key sections on homelessness and drug use were completed.

All clusters of verified encampments in the sampling frame were visited; thus, there was a 100% completion rate. Of the 180 people initially approached in encampments (see Table A.3), 12 were too cognitively impaired to screen, 15 refused to participate, and 153 completed screeners (91.1% screener response rate). Of the 149 who were screened eligible, 3 were too cognitively impaired to interview, none refused to be interviewed, 3 broke off the interview before completing the key sections on homelessness and drug use, and 143 completed interviews (97.9% individual response rate).

Of the 432 assigned blocks in the street sample, 1 was never found, 24 were not visited because of criminal activities and security problems, 1 was missed, 2 were accidentally repeated, 32 were visited but on a different day than assigned, and 374 were visited on schedule. The 402 unique completed blocks resulted in a 93% completion rate, with 86% completed on the assigned day. Of the 363 people approached in street locations (see Table A.3), 9 were too cognitively impaired to be screened, 151 refused to be screened, and 203 completed screeners (57.3% screener response rate). Of the 84 who were screened

eligible, 4 were too cognitively impaired to complete the interview, 16 refused to participate, none broke off an interview, and 64 participated (80.0% response rate).

In street and encampment locations, people who refused the screener (see Table A.8) were more likely than those completing an interview to appear to be going to some place (53.6% vs. 17.6%), carrying their belongings including purses or briefcases (33.1% vs. 8.0%), coming from some place (22.3% vs. 4.1%), and appearing dirty and unkempt (15.1% vs. 9.1%) and less likely to appear neat and clean (55.4% vs. 64.2%), confused (3.0% vs. 4.2%), or shabbily dressed (23.5% vs. 67.7%). There were no major differences between people refusing the main interview and completing it, in part due to the overall response rate (86.1%) shown in Table A.3.

A.3 Data Collection Instruments

A.3.1 Overview of the Instruments

The questionnaire used in this study addressed a number of topics related to homelessness, licit and illicit drug use, treatment experience, legal issues, primary health care, mental health, employment, entitlement participation, education, and demographic information. Other DC*MADS studies covered similar topics and included questions on homelessness, drug use, and dropping out of high school.

A.3.2 Development

A short, easily administered instrument was needed to ensure respondent understanding and applicability in different environments (e.g., during predawn hours, on street curbs, and in unfavorable weather conditions, with some respondents just waking up or experiencing aftereffects from drug or alcohol use). Questionnaire items were based on the NHSDA questionnaire and prior studies about homelessness (Rossi et al., 1986; Burt & Cohen, 1988; Farr et al., 1986; Milburn et al., 1990; and Dockett, 1989). The mental health items were drawn from the Addiction Severity Index (McLellan et al., 1985) because it was short and had been validated in research on homeless people who had problems with mental illness and alcohol or drug use (Huebner & Crosse, 1991).

A.3.3 Pretesting, Refinement, and Translation

The instrument was pretested in street, shelter, and soup kitchen settings, then circulated for comment to the DC*MADS Advisory Group and others with expertise in the area of homelessness. After further refinement, it was translated into Spanish and given to Spanish-speaking shelter staff to translate and critique. All show cards and letters were printed in English on one side and Spanish on the other so that they could be used for individuals who spoke either language. Four Spanish-speaking interviewers were hired for

each of the main data collection teams. During the course of the study, it was necessary to use Spanish with 12 out of 1,378 people who were approached.

A.3.4 Analysis of Data Quality and Consistency

Table A.9 shows the internal consistency of self-reported lifetime drug and alcohol use, with 7.0% (alcohol) to 96.6% (methamphetamines) consistently reporting no use and 1.6% (methamphetamines) to 91.8% (alcohol) consistently reporting use of alcohol and specific drugs. An estimated 0.0% (inhalants) to 1.4% (sedatives, tranquilizers, or analgesics) of the responses were inconsistent as a result of interviewer error. This type of error occurred when a question about lifetime use of a drug was recorded as "no," but the interviewer proceeded to ask and record additional answers to questions about the same drug. Respondent inconsistency was estimated from 0.0% (inhalants and crack) to 0.7% (sedatives, tranquilizers, or analgesics) based on persons who initially said they had never used a specific drug, then later reported using the same drug in combination with alcohol, needing more of the drug to get the same high, trying to cut down on their use of the drug, having withdrawal effects from the drug, or having been treated for using the drug.

Other items not shown in Table A.9 include nonresponse, which was at or below 5% for more than 95% of the items. Exceptions were for items on the amount of income in the past 30 days (with 10% to 20% missing) and the number of weeks the respondent spent in several living situations during the past year (with 5% to 7% missing).

A.4 Data Collection

A.4.1 Overview of Data Collection

This section describes the field preparations, interviewer selection, and training and data collection procedures. It concludes with an assessment of the quality of the field operation.

A.4.2 Field Preparations and Local Advisory Group

Historically, research about homeless people has met with resistance from homeless advocates and others concerned with the impact of research results on community services and resources for the homeless population. To minimize this, the DC*MADS Advisory Group and local service providers were involved in planning for the study, pretesting its procedures and instruments, and recruiting and hiring interviewers. Jurisdictional and local endorsements for the research were obtained from the Washington Metropolitan COG's Homeless Task Force, county officials, and service providers to strengthen the credibility of the study and its acceptance in the community. A list of the advisory group members and other people consulted is in Appendix F.

Table A.9 Internal Consistency and Quality of Self-Reported Drug and Alcohol Use

Substance	Consistent Report of No Use		Consistent Report of Use		Interviewer Inconsistency ¹		Respondent Inconsistency ²		Bad/Missing Data ³	
	n	%	n	%	n	%	n	%	n	%
Alcohol	64	7.0	834	91.8	6	0.7	3	0.3	1	0.1
Marijuana	269	29.6	626	69.0	6	0.7	1	0.1	5	0.6
Inhalants	738	81.3	163	18.0	0	0.0	0	0.0	7	0.8
Crack	455	50.1	445	49.0	4	0.4	0	0.0	4	0.4
Other cocaine	465	51.2	430	47.4	6	0.7	1	0.1	6	0.7
Hallucinogens	527	58.0	368	40.5	3	0.3	1	0.1	9	1.0
Heroin	678	74.7	218	24.0	2	0.2	1	0.1	9	1.0
Methamphetamines	877	96.6	15	1.6	5	0.6	1	0.1	10	1.0
Other stimulants	663	73.0	230	25.3	4	0.4	4	0.4	7	0.8
Sedatives, tranquilizers, or analgesics	657	72.4	214	23.6	13	1.4	6	0.7	18	2.0

¹The interviewer made a transcription error by circling the "no" response, but then proceeded to ask other related questions in the same section as though the response had been "yes."

²The respondent reported no use of a drug in Section B of the questionnaire (Specific Drug Use), but then did report using that same drug in Section C (General Drug Use).

³Data in Sections B and C are missing or illegible, or the respondent refused to answer the questions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Local officials and service providers gave several suggestions to facilitate respondent understanding and cooperation, including:

- Interview in neutral settings to minimize association of the shelter's services with participation in the study and encourage honesty. A statement in the shelter introduction was added to reassure clients that participation in the study would not affect their ability to receive shelter services.
- Be prepared to schedule appointments for the next evening rather than the next morning because some of the clients were employed.
- Have interviewers sign receipt forms for incentives instead of respondents to protect respondent anonymity.
- Work through municipal offices that provide motel vouchers instead of motel operators to protect the identity of homeless residents willing to participate in the study.

A.4.3 Interviewer Selection and Training

The study presented unique interviewing challenges. Interviewers had to exercise good judgment and sensitivity toward the people they approached, especially in the street setting. The ideal interviewer would have had both interviewing experience and, in some capacity, contact with the homeless population. Because persons with both qualifications were difficult to find, prior experience with homeless people was given a higher priority than interviewing experience. The plan to recruit and hire interviewers who were homeless or who had worked with homeless people was one of the study's attractions for obtaining support and cooperation from local providers and officials in the MSA. Local providers were active in interviewer recruitment and referral.

Table A.10 shows the demographic characteristics of the interviewers and the extent of their professional and/or personal experience with homelessness. Several interviewers worked in more than one of the sample frames, so the columns are not mutually exclusive. Of the 35 interviewers who worked on the study, 26 were men and 9 were women; 11 were white, 18 black, and 3 Hispanic; about half were between the ages of 35 to 49; and over half had some college education. Twenty-one of the interviewers had worked with homeless people as service providers, 9 had been or were homeless individuals, and 5 had both worked with and lived with homeless people.

Training for the street and shelter data collection activities was conducted from January 25 to January 27, 1991, and for soup kitchens and encampments on May 31, 1991, in Washington, DC. Lectures, group instructions, and practice sessions were used, along with a training manual that covered such topics as:

- overall purpose and goal of the study;
- procedures that had been used to select shelters, soup kitchens, and census blocks;
- data collection procedures to be followed in shelters, soup kitchens, and on the street, including respondent sampling, and the "sweeps" (scouting, security, and screening) of sampled blocks;
- techniques of interviewing, including soliciting cooperation, asking questions, recording responses, probing, and maintaining neutrality;
- techniques in engaging homeless persons, including issues of sensitivity, security, confidentiality, anonymity, and approaching and interviewing cognitively impaired individuals;
- question-by-question review of all instruments, including mock role-playing exercises for paired trainees; and

Table A.10 Demographic Characteristics of the Interviewers, by Sample Frame

Demographic Characteristic	Shelter		Soup Kitchen		Encampment Cluster		Street		Total	
	n	%	n	%	n	%	n	%	n	%
Total	9	100.0	10	100.0	5	100.0	29	100.0	35	100.0
Gender										
Male	5	55.6	7	70.0	4	80.0	25	86.2	26	74.3
Female	4	44.4	3	30.0	1	20.0	4	13.8	9	25.7
Race/ethnicity										
White	4	44.4	3	30.0	3	60.0	10	34.5	11	31.4
Black	4	44.4	5	50.0	2	40.0	16	55.2	18	51.4
Hispanic	1	11.1	2	20.0	0	0.0	3	10.3	3	8.6
Age (years)										
Under 20	1	11.1	1	10.0	0	0.0	1	3.4	1	2.9
20-25	1	11.1	1	10.0	0	0.0	2	6.9	2	5.6
26-34	0	0.0	1	10.0	1	20.0	2	6.9	4	11.4
35-49	6	66.7	5	50.0	3	60.0	16	55.2	17	48.6
50+	0	0.0	1	10.0	0	0.0	1	3.4	1	2.9
Unknown	1	11.1	1	10.0	1	20.0	7	24.1	8	22.9
Education										
High school	0	0.0	0	0.0	0	0.0	4	13.8	4	11.4
Some college	6	66.3	5	50.0	2	40.0	13	44.8	14	40.0
College graduate	3	33.3	5	50.0	1	20.0	6	20.7	8	22.9
Unknown	0	0.0	0	0.0	2	40.0	6	20.7	6	17.1
Homelessness experience										
Worked with	8	88.9	7	70.0	3	60.0	16	55.2	21	60.0
Lived with	0	0.0	3	30.0	1	20.0	9	31.0	9	25.7
Both	1	11.1	0	0.0	1	20.0	4	13.8	5	14.3

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

- administrative procedures, including editing completed instruments, reviewing materials and supplies, supervising others (or being supervised), and reporting production, time, and expenses.

Various training tools and methods were used. Lectures were used to describe the objectives of the study and the preparations that had been made for data collection. Group instruction was used to teach sampling procedures in shelters and soup kitchens and to discuss street procedures. With the use of overheads, data collectors were taught how to complete the block assignment forms (BAFs), shelter assignment forms (SAFs), and soup kitchen assignment forms (SKAFs) and to document their activities in the field (see Appendix D). Discussion sessions were held to cover issues on security, sensitivity, anonymity, and confidentiality, and practice exercises were used to teach the trainees how to administer the instruments.

One important element in gaining cooperation from the homeless population was the sensitivity of the data collector. Data collectors had to be aware of the stress levels that persons living on the street or in a homeless shelter experience and to treat them with courtesy, patience, and respect. They had to know that individuals in this situation may feel timidity, reluctance, or even hostility when asked for personal information. To address this, training included discussions on sensitivity to homeless people and ways to approach them, especially those encountered on the street, and a presentation by an outreach therapist on "Engaging the Homeless." Additionally, because many of the data collectors had experience with homeless people either as providers of services or because they themselves were homeless, they were able to provide useful suggestions to deal with potential problems. The training manual also included guidelines on how to engage homeless people on the street.

A.4.4 Field Procedures

The basic field procedures for the shelter frame can be summarized as follows:

- Two days prior to the sampled date, data collectors telephoned the shelter contact person to verify existing information and confirm the visit to the shelter. Results of this contact were documented on the SAF.
- If interviewing was to be done at a motel, data collectors contacted the regional office 2 days prior to the sampled date and arranged to obtain the list of individuals who were staying at the motel on the sampled night and their signed consent forms.
- Upon arrival at a shelter, data collectors identified a private place to conduct the interviews and inspected the roster intake form to determine how respondent selection would be done.

- After a client had been selected for interviewing, the data collectors approached him/her to obtain his/her cooperation to be interviewed.
- Data collectors were to complete as many interviews as possible with selected clients. Upon completion of an interview, data collectors gave individual respondents \$10 and signed the incentive receipt forms.
- In shelters that did not have a curfew, data collectors marked blank lines on the shelter roster intake form to indicate selected clients. They explained to shelter staff how to select clients who entered the shelter after the data collector left, what information to give those who were selected, and the information needed from them the next morning.
- Data collectors documented the results of their visit on the SAF.
- The following morning, data collectors telephoned the shelter to obtain information on the cooperating selected clients who entered the shelter after the data collectors left.
- Data collectors documented the results of the telephone follow-up contact on the SAF.
- Data collectors later returned to the shelter to conduct interviews with those clients who were initially selected after the data collectors left the shelter.
- Data collectors documented on the SAF the results of their follow-up visits to the shelter to contact those clients initially selected after the data collectors had left the shelter.

The basic field procedures for the soup kitchen frame can be summarized as follows:

- A group of three data collectors and a team leader went to a sampled soup kitchen on the sampled date during specified hours.
- The team leader was responsible for making initial contact upon arrival, selecting respondents, solving any logistical problems, and, assuming time availability, conducting the interviews.
- The team leader obtained from the contact person an estimate of the number of people who would be served (or directly counted them). The information was documented on the SKAF.
- Using a sampling worksheet, the team leader determined the random start number and the interval number. Because the number of people served varied, these numbers were determined on-site after verification of the expected number of people.
- An average of nine individuals were selected with the expectation of interviewing six to seven at each soup kitchen site.

- The initial approach to a selected individual was usually made by the soup kitchen contact person who asked him/her to step out of the line and was informed that he/she had been selected for an interview. The data collector then attempted to elicit cooperation.
- If possible, the selection and approach were done prior to the meal so that interviewing could occur immediately, thus reducing the waiting time for the others who were selected.
- If a person had to wait to be interviewed, he/she was given a study brochure to read. He/she was instructed to return the brochure at the time of the interview. This procedure helped verify that the returning individual was the selected respondent.
- If a private area to conduct the interview was not designated, the data collectors were to locate a private area outside.

Other than how the sites were identified, the basic field procedures for the encampment frames were largely the same. They can be summarized as follows:

- Prior to the sampled morning, the data collection team conducted a scouting sweep of their assigned block. The purpose was to locate the block, assess its size and general composition, and identify where people might be found sleeping. Observations were documented on the BAF. For the encampments sampled in June 1991, as many census blocks as necessary were combined to define the area.
- Approximately 15 to 20 minutes prior to the screening sweep, the data collection team conducted a security sweep to count the number of people who appeared to be asleep, homeless, engaged in employment, or involved in illegal activities.
- Results of the security sweep were reported via cellular phone to the supervisor and recorded on the BAF.
- During the screening sweep, data collectors inspected all areas in the sampled block where homeless people might be resting, including all open and public places until a locked door was encountered.
- The screening sweep was conducted from 4:00 to 5:30 A.M. on the sampled morning to screen everyone found within the boundaries of the selected block. Screening ended at 5:30 A.M., but interviewing continued until as many interviews as possible were completed.
- Data collectors were to approach as many people as possible and attempt interviews with everyone who screened eligible. Data collectors gave individual respondents \$10 after completing interviews.
- If a person was asleep, the data collectors were instructed to keep an eye on him/her, but to wait until he/she woke up naturally before making an approach.

- If the data collector encountered a risky situation or a large number of people were to be screened, he/she was required to contact the field supervisor by cellular phone for instructions and/or assistance.
- Documentation of every person seen on the block was made on the BAF. This included people who participated, refused, or were not approached because they were involved in business or illegal activity.

Copies of the SAF, SKAF, and BAF are included in Appendix D. These forms were used to document the:

- location, contact person, and any special circumstances or agreements known in advance;
- results of preliminary contacts or scouting sweeps;
- extent to which data collectors followed the proposed procedures, and the actual date and time of data collection;
- number of people sampled, approached, refused (or broke off), rescheduled for a later date, and completed an interview;
- prevailing weather conditions; and
- number of completed forms ready for batching and processing.

Each form also provided a space for the data collection team to certify their participation on the shift and to report the results of any callbacks that had been scheduled during the shift.

A.4.5 Analysis of the Fieldwork

This section examines the effectiveness of training, staffing, equipment, and security measures so that the experiences from this study may serve as a model for other data collection efforts involving hard-to-reach and hidden populations in similar environments.

Given the emphasis placed on homeless experience over interviewing experience in hiring interviewers, more training should have been given on standard interviewing techniques and administration of the questionnaire. Specific lessons that were learned include:

- The small number of street interviews conducted in rural and suburban areas kept some of the interviewers from using their training soon enough and often enough, creating the need for repeated follow-up training for the less experienced interviewers. The costs of additional training may have been avoided if interviewers had been rotated between shelters and streets where they could have completed interviews early in the data collection.

- The study benefited from the interviewers' personal and professional experience with homelessness. They knew where to find homeless people on the street and how to engender trust and cooperation from this potentially suspicious population.
- The interviewers were willing to commit to a work schedule of unusual hours and conditions, including shift hours of 2:00 to 6:00 A.M. and interviews in dangerous areas of the city.
- The use of interviewers with homeless experiences had some disadvantages, including a need for more field supervision and monitoring than would be required with professional interviewers, and more assistance with accounting and documentation procedures.

Most of the equipment used in this study worked as planned. The cellular phones allowed the team contact with their supervisor and were invaluable for safety. The backpacks were essential for transporting the many supplies needed to do the work. The flashlights were needed during the predawn data collection hours. The foghorns were rarely used as intended. The results for other equipment were more mixed:

- The effectiveness of jackets as a means of easily identifying interviewers varied with geographic areas. The teams working in suburban locations found them useful because they made the data collectors visible and local police knew they were not engaged in criminal activity. Interviewers working in the more urban areas, however, chose not to wear them for the very same reason; i.e., to avoid being too conspicuous.
- Food as an incentive did not work in the intended way. Instead, supervisors brought thermoses of coffee each morning, which turned out to be a greater incentive to respondents than the food.
- The vans were useful in the street component of the study, but their nightly presence in high crime areas led to some occasional safety risks to the interviewers.

A.5 Weighting and Analysis Approach

A.5.1 Overview of Analysis Approach

This section provides an account of how the frame-specific and total population weights were constructed. It discusses the implications of conducting weighted analysis through SUDAAN (or SURvey DATA ANalysis software), the low precision rule for prevalence estimates, and testing for statistical significance. It concludes with an analysis of the validity of the responses.

A.5.2 Creation of Frame-Specific Analysis Weights

Depending on the frame, one to three stages of analysis weights (AW) were calculated and then multiplied to create a raw analysis weight for each eligible person. Although the formulas vary, each weight is essentially the product of the inverse of the sampling rate(s)

for each stage. Adjustments for institutional and individual nonresponse were used to create an adjusted analytic weight (AW_A) that is valid for within-frame estimates. Potential multiplicity between sample frames within a sampled day is discussed in subsequent sections.

A.5.2.1 Shelter Weights. The raw analysis weights for the shelter interviews were based on a first-stage weight for the shelter facility and second-stage weight for individuals within shelters. The shelters were divided into five strata based on bed capacity, and then randomly sampled within strata. The first-stage weight, denoted as WTSH1 in Equation A.1, was based on the total numbers of shelters in a stratum divided by the number of shelters sampled within that stratum. The second-stage weight, denoted as WTSH2 in Equation A.2, was based on the total number of people actually in the shelter on the sampled night divided by the number who were sampled. Within shelters, people were selected by systematic random sampling of the intake or bed or emergency housing roster. The raw analysis weight (AW) for the shelter interviews is the product of these two weights and is shown in Equation A.3.

$$WTSH1(h) = N(h)/n(h), \quad (A.1)$$

where

$N(h)$ = total number of shelters in stratum-h and

$n(h)$ = total number of shelters sampled in stratum-h.

$$WTSH2(j) = N(j)/n(j), \quad (A.2)$$

where

$N(j)$ = total number of people actually staying in shelter j on the sampled night and

$n(j)$ = total number of people sampled in shelter j on the sampled night.

$$AW(h, j) = WTSH1(h)*WTSH2(j). \quad (A.3)$$

Two levels of nonresponse adjustments were made in the shelter survey--one for institutional and the other for individual. To compensate for institutional (shelter-level) nonresponse, weighting class adjustments were used. Two weighting classes were constructed--one for the winter sample shelters and one for the spring sample shelters. The adjustment was such that the sum of the adjusted weights over participating shelters in a season was made to equal the sum of the sampling weights for all selected shelters, both responding and nonresponding.

Individual nonresponse adjustments were made using each municipality as a weighting class. In this way, the sum of the adjusted weights over the respondents in a class should reproduce the sum of the unadjusted weights over all selected persons in the class. Weighting classes for the shelter respondents were constructed to be sufficiently large (in terms of number of respondents) and geographically homogeneous.

Table A.11 presents the basic shelter weights (computation). First-stage weights were computed for each season and capacity stratum and were adjusted within weighting classes (municipalities). The municipality adjustment factors were:

<u>Municipality</u>	<u>Adjustment</u>
Alexandria, VA:	1.1788
Arlington County, VA:	1.0000
Charles County, MD:	1.0000
District of Columbia (DC):	1.1337
Fairfax, VA:	1.1406
Montgomery County, MD:	1.2212
Prince Georges County, MD:	1.2227
Prince William County, MD:	1.0865

Table A.11 Shelter Stratum, Stratum Size, and First-Stage Weights

Stratum Number/ Definitions¹	Winter			Spring		
	Stratum Count	Sample Size	WTSH1²	Stratum Count	Sample Size	WTSH1²
1 $100 \leq C \leq 500$	17	14	1.214	15	15	1.000
2 $C > 500$	7	2	3.500	6	3	2.000
3 $20 \leq C < 100$	49	26	1.885	41	14	2.929
4 $C < 20$	51	10	5.100	49	4	12.250
5 Motels	28	2	14.000	27	2	13.500

¹The measure of size, C, stands for bed capacity. Shelters with $C > 500$ were divided into smaller units, such as a ward or floor, for sampling purposes. Motels were clustered and sampled by municipality, with all of the motels used by a municipality on a given night being used in the sample.

²WTSH1 is the first-stage sampling weight for shelters.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

For overall analyses based on the combined samples, the weights were adjusted to account for dividing each seasonal sample into two monthly (sub)samples, then 16 days. This adjustment has the same effect as adding the 16 daily estimates and dividing by the number of estimates being summed (16), but it is preferable because there are two seasonal samples with replacement. The final adjusted analysis weight (AW_A) is valid for describing the shelter population on an average night during February, March, April, and June 1991.

A.5.2.2 Soup Kitchen Weights. The raw analysis weights for the soup kitchen interviews are based on a first-stage weight for the soup kitchen meal and a second-stage weight for individuals served at the meal. The soup kitchen meals were sampled with probability proportional to size (PPS), where the expected number of people to be served in each meal was the measure of size. Some soup kitchen meals were certainty units by virtue of their large size. The first-stage weight, denoted as WTSK1 in Equation A.4, is the reciprocal of the selection probability for the meals. The second-stage weight, denoted as WTSK2 in Equation A.5, is the actual number of people served in the meal divided by the number of people sampled. People within a meal were selected through systematic random sampling from a line or sitting arrangement. The raw analysis weight, denoted as AW in Equation A.6, is the product of the first- and second-stage weights.

$$\text{WTSK1}(i) = S(+)/[ns(i)], \quad (\text{A.4})$$

where

$S(+)$ = total expected capacity across all meals,

n = number of meals selected, and

$s(i)$ = expected meal capacity of meal i .

$$\text{WTSK2}(j) = N(j)/n(j), \quad (\text{A.5})$$

where

$N(j)$ = total number of people actually served at meal j on the sampled day and

$n(j)$ = total number of people sampled from meal j on the sampled day.

$$\text{AW}(i, j) = \text{WTSK1}(i) * \text{WTSK2}(j). \quad (\text{A.6})$$

Only one seasonal (monthly) sample was used as a weighting class in the institutional nonresponse adjustment. In other words, a single weighting class was used, and this comprised the entire pool of meal sites available in the sampling frame's soup

kitchens. Thus, the sum of the (adjusted) weights over the participating units was made equal to the sum of the unadjusted weights over all sampled units.

Weighting classes for individual nonresponse adjustments were three regions: DC proper, Virginia municipalities in the DC MSA, and Maryland municipalities in the DC MSA. The adjusted analysis weight (AW_A) is valid for describing the soup kitchen population on an average day during June 1991.

A.5.2.3 Encampment Weights. All of the encampment clusters were included in the study with certainty, and everyone who was approached and eligible was interviewed. Their raw analysis weights are equal to 1.0. Individuals were screened according to the eligibility criteria discussed in Chapter 2.0.

Individual nonresponse adjustments were made to the encampment sample using the entire encampment sample as a weighting class. In other words, one inflation factor was applied to the individual sampling weights. This was computed as the sum of the weights over all persons screened eligible divided by the sum of the weights over all survey respondents who completed interviews in that sample. The resulting adjusted analysis weight (AW_A) is valid for describing the total eligible encampment population on an average morning during June 1991.

A.5.2.4 Street Weights. The raw analysis weights for the street sample were computed based on the equal probability sample within the tract and block strata described in Section A.2.2.3. The first-stage analysis weight, denoted WTST1 in Equation A.7, is the number of tracts in each stratum divided by the number of tracts sampled. The weight is the same for all tracts (h,i) within stratum-h. The second-stage analysis weight, denoted as WTST2 in Equation A.8, is the number of blocks in each block stratum divided by the number of blocks sampled. Both the upper and lower parts of Equation A.8 are summed over the tract strata; the joint distribution of sampled tracts and blocks is shown in Table A.1. The raw analysis weight (AW) for each selected block is given by the product of the first-stage tract weight and second-stage block weight and is shown in Equation A.9.

$$WTST1(h) = N(h)/n(h), \tag{A.7}$$

where

$N(h)$ = stratum-h (low/medium/high) total number of tracts and

$n(h)$ = sampled tracts in stratum-h.

$$WTST2(j) = M(j)/m(j), \quad (A.8)$$

where

$M(j)$ = total number of blocks in the stratum- j (low/medium/high) across the selected tracts and

$m(j)$ = sampled blocks in block stratum- j .

$$AW(h, j) = WTST1(h) * WTST2(j). \quad (A.9)$$

Individual nonresponse adjustments were made to the street samples using the two seasonal samples as weighting classes. In this way, for each of the two seasonal components, the sum of the adjusted weights over survey respondents was made equal to the sum of the unadjusted weights over the entire sample (all persons in the selected blocks in the sample periods). Like the encampment adjustment, this inflation factor was the sum of weights for all people screened eligible divided by the sum of the weights for those who were interviewed; the raw weight (AW) was multiplied by this factor to adjust for interview nonresponse. Like the shelter sample, a second factor was applied to adjust for dividing the seasonal sample and having two seasonal samples with replacement. The resulting adjusted weight (AW_A) is valid for describing the street population on an average morning in February, March, and April 1991.

A.5.3 Creation of Total Population Analysis Weights

Although randomly assigning sampling units to sampled days significantly reduces the potential for within-frame multiplicity (i.e., having more than one chance of being selected), the use of multiple frames raises the problem of multiplicity across frames on a given day. This section provides the rationale for dividing the sampling weights by the frame multiplicity during the 24-hour sampled day, which has been denoted as γ (GAMA in variable names). It then describes the computation of the GAMA adjustment factor, which accounts for potential multiple selection probabilities within a given month and/or frame, and the selection of the optimal adjustment strategy to produce the lowest relative standard errors (RSEs).

A.5.3.1 Rationale of Multiplicity Adjustments. The multiplicity adjustment for an individual is the number of links that an individual may have to the different sampling frames on the sampled day. An example of multiplicities across frames is that a person selected in the shelter component may also be selected in the street sample or soup kitchen sample on that same day. In principle, multiplicities may arise within the same sampling frame (e.g., a person in the street frame for multiple nights has the potential for multiple selections into the street sample). An effort was made to minimize this problem by

randomly assigning sampled units to sampled days to produce several small but independent samples.

This mobile and transient population at a particular point in time (day) can be characterized by the sample selected at that particular point in time or day. The (sub)population sizes can then be estimated as an average over the sampled days in the data collection period. Multiplicities then become the number of possible linkages to the frames within a sampled 24-hour period. With this formulation, only an adjustment across frames is necessary.

What follows is a technical definition and justification of the multiplicity adjustment.

Let α index homeless persons at day- t within the DC MSA, $\alpha = 1, 2, \dots N(t)$; where $N(t)$ is the day- t number of homeless persons and T is the number of days in the data collection period. Let

$$N = \sum_{t=1}^T N(t) / T$$

be the average number of homeless persons in the DC MSA per day in the data collection period.

Overall prevalence estimates are designed to estimate the parameter Y/N where

$$Y = \sum_t \sum_{\alpha=1}^{N(t)} Y(\alpha) / T$$

is a total averaged over the time periods. Here, $Y(\alpha)$ is the (0-1) outcome variable for person α .

Let f index frames used for the survey, $f = 1, 2, 3$ corresponding to shelter, soup kitchen, and street/encampment (encampments are a subset of the street frame); and let i index sampling units within frames. The multiplicity (γ) for person α is calculated as the number of linkages that person α has to the sampling structure, as shown in Equation A.10. Dividing the original weights AW_A by their respective gamma (γ_α) adjustments results in unbiased estimates of both population characteristics (Y) and size (N), as illustrated in Equations A.11 and A.12, respectively.

The multiplicities are calculated as:

$$\gamma_{\alpha} = \sum_t \sum_{f=1}^3 \sum_{i=1}^{N(f)} \theta(\alpha, tfi), \quad (\text{A.10})$$

where

$$\theta(\alpha, tfi) = \begin{cases} 1 & \text{if the } \alpha \text{ person is linked sampling unit-}i \\ & \text{in frame-}f \text{ at day-}t \\ 0 & \text{otherwise} \end{cases}$$

Prevalence estimates are combined ratio estimates of the form $\hat{\hat{Y}}/\hat{\hat{N}}$. To adjust for multiplicity, the numerator of the prevalence estimate is computed as:

$$\hat{Y} = \sum_t \sum_{f=1}^3 \left[\sum_{i=1}^{N(f)} \sum_{\alpha=1}^{N(t)} \frac{I(tfi)W(tfi)\theta(\alpha, tfi)Y(\alpha)}{\gamma_{\alpha}} \right] / T, \quad (\text{A.11})$$

where

$$I(tfi) = \begin{cases} 1 & \text{if sampling unit } tfi \text{ is selected for} \\ & \text{the sample} \\ 0 & \text{otherwise} \end{cases}$$

and

$W(tfi)$ = sampling weight for unit tfi .

The denominator is similarly computed as:

$$\hat{N} = \sum_t \sum_{f=1}^3 \sum_{i=1}^{N(f)} \sum_{\alpha=1}^{N(t)} \frac{I(tfi)W(tfi)\theta(\alpha, tfi)}{\gamma_{\alpha}} / T \quad (\text{A.12})$$

Operationally, the multiplicity adjustment factor was computed as the sum of the following variables:

$$GAMA = SH + SK + ST,$$

where

SH = 1 if interviewed in a shelter or stayed in one last night, else 0.

SK = 1 if interviewed in a soup kitchen, else (days of soup kitchen use in the last 30)/30.

ST = 1 if interviewed in a street/encampment location, reported being in one or expected to be in one during 4:00 A.M. to 5:30 A.M. of the sampled morning, else 0.

The indicator variable for the soup kitchen component, based on questions asked of shelter and street sample persons, measures the relative frequency of SK use during the previous 30 days and takes on values between 0 and 1 (rather than simply 0 or 1).

The calculation of the actual GAMA varied slightly from this formula due to the asymmetry introduced by the design change at the end of April 1991. For the months of February, March, and April, GAMA was calculated using only SH and ST, the only two potential sampling frames during that time. During June, it was calculated using only SH and SK. Although encampments are a subset of the street frame, the overlap was not corrected for between the street and shelter/soup kitchen frame because the encampment part of this overlap represents only 71 out of an estimated 1,423 people. Thus, any correction would be overly conservative for more than 95% of the cases.

A.5.2.2 Optimizing the Multiplicity Adjustment. Even though the use of multiplicity-adjusted weights in the overlapping portions reduces the bias (ideally to zero), it is plausible that this reduction is more than compensated for by an increase in sampling variance. To assess the variance trade-offs involved in the use of multiplicity estimates, the variances of key estimates were examined under alternative weighting schemes for unions of two domains and two time periods:

- shelter-and-street union in the samples for February, March, and April, and
- shelter-and-soup-kitchen union in the June sample.

For the shelter-street union, three weighting options differing in the treatment of the data from the overlapping portion were considered:

- Option 1: Disregard data from the street sample in the overlap.
- Option 2: Disregard data from the shelter sample in the overlap.
- Option 3: Include data from both samples in the overlap with the multiplicity-adjusted weight.

The first two options used the adjusted analytic weights (AW_A) without multiplicity adjustments, while the third used the GAMA-adjusted analytic weight (AWGAMA_A).

Table A.12 shows the results of an investigation for four key variables: the estimated total number of homeless persons in the union, and three prevalence estimates related to

Table A.12 Estimation Options for Two Domain Unions

Union/Estimation Option ¹ (Unweighted n)	Population Size			Lifetime			Proportion (p) Reporting Crack Cocaine Use											
	\hat{N}	SE		RSE ²	p	SE		RSE ²	p	SE		RSE ²	p	SE		RSE ²	p	
		SE	RSE ²			SE	RSE ²			SE	RSE ²			SE	RSE ²			
Union of shelter and street (2/91 to 4/91)																		
1. Disregard street overlap (n=440)	7,642	789.3	0.103	0.453	0.030	0.086	0.334	0.036	0.108	0.147	0.029	0.191						
2. Disregard shelter overlap (n=412)	7,345	748.5	0.102	0.437	0.037	0.085	0.318	0.037	0.116	0.135	0.027	0.200						
3. Use multiplicity-adjusted overlap (n=459)	8,113	792.9	0.098†	0.449	0.035	0.078†	0.333	0.035	0.105†	0.149	0.028	0.188†						
Union of shelter and soup kitchen (6/91)																		
1. Disregard soup kitchen overlap (n=207)	6,473	968.0	0.149	0.519	0.052	0.100	0.413	0.060	0.145	0.235	0.039	0.166						
2. Disregard shelter overlap (n=269)	8,805	973.4	0.111†	0.618	0.042	0.068†	0.541	0.045	0.083†	0.337	0.042	0.125†						
3. Use multiplicity-adjusted overlap (n=302)	7,695	912.3	0.119	0.574	0.045	0.078	0.342	0.041	0.120	0.292	0.040	0.137						

†Most precise estimate of three options.

¹The three options are to disregard (i.e., exclude) respondents who could have been sampled in the shelter frame, disregard those in the shelter frame who could have been sampled from the other frame (e.g., street, soup kitchen), or use both with a multiplicity adjustment to adjust for the overlap.

²Relative standard errors (RSEs) are calculated as the standard error (SE) divided by the estimate (\hat{N} or p).

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

crack cocaine use (e.g., lifetime, past year, past month). For each estimate, the exhibit shows the estimate, standard error (SE), and RSE; the RSE is computed as the SE divided by the estimate. Table A.12 indicates the lowest RSE option (T) for each domain and each estimate.

It was undesirable to discard part of the observations in the estimation of the overlaps. Thus, it was decided to adopt the third (combined data) option unless one of the other two options resulted in either one of the following precision improvements compared to the first option: (a) yielded a reduction of at least 20% in the RSE for two or more of the four estimates examined (e.g., from .10 to .08 or .12 to .096), or (b) yielded a reduction of at least 15% in the RSE for three or more of the four estimates examined (e.g., from .10 to .085 or .12 to .102). Note that such 15% and 20% reductions in RSE are relative improvements in precision (over the multiplicity-adjustment option).

Based on this investigation, the multiplicity-adjusted weights were selected for use in the two indicated domains, SH_ST and SH_SK, for all estimates combined across frames (i.e., every estimate but the frame-specific estimates). Using these weights, the weighted totals for the different sample segments are shown in Table A.13 by season and by sample component. Combined estimates of the seven population segment sizes are presented in Table A.14. This table also shows the standard error for each estimated segment size, and the design effect associated with each such estimate.

A.5.4 Weighted Analysis Through SUDAAN

As noted by Cohen, Xanthopoulos, and Jones (1986), national surveys conducted by government organizations, industry, political organizations, and market research firms need to provide the greatest precision in estimates from sample data for fixed cost and time constraints. Consequently, many national surveys are characterized by design components that include stratification, clustering, and disproportionate sampling.

Such design features complicate the data analysis while reducing the cost of data collection. Data from complex survey designs of this type deviate from the assumption of simple random sampling and require special consideration with regard to variance estimation and analysis.

Statistical software packages are currently available that accommodate these complex survey designs and allow for the generation of variance estimates of statistics expressed in terms of means, totals, ratios, and multivariate regression coefficients. The procedures vary, however, in program capabilities, computational efficiency, and user facilities. See Wolter (1985) for an overview of various computer software packages available and a discussion of criteria for selecting appropriate software for various situations. Three widely used and available software packages are the SUDAAN procedure

Table A.13 Summary of Weighted Counts for Overlapping Frame Segments, by Sample, Segment, and Season

Sampling Frame/ Segment/Season	(n)	AWGAMA_A Weight ¹				
		Mean	Sum	CV (%)	Min	Max
Shelter sample						
Shelter only (segment-1)						
Winter	(173)	6.6	1,136.6	87.1	0.5	13.2
Spring	(143)	10.5	1,503.6	135.6	0.7	37.4
Shelter-soup kitchen (segment-4)						
Winter	(57)	9.5	541.5	75.9	1.7	28.0
Spring ³	(52)	10.4	540.5	78.5	2.2	44.9
Shelter-street (segment-5)						
Winter ²	(26)	3.7	95.0	93.9	0.5	14.0
Spring ²	(15)	5.9	88.9	88.7	0.8	17.0
Shelter-soup kitchen- street (segment-7)						
Winter ²	(8)	6.3	50.2	67.9	1.6	13.2
Spring ^{2,3}	(3)	3.8	11.4	18.1	3.3	4.5
Soup kitchen sample						
Soup kitchen only (segment-2)	(109)	26.3	2,866.8	75.3	5.6	82.9
Soup kitchen-shelter ³ (segment-4)	(90)	18.6	1,669.2	51.6	2.3	41.4
Soup kitchen-street (segment-6)	(20)	31.3	627.1	60.6	5.6	76.6
Soup kitchen-street- shelter ³ (segment-7)	(5)	15.0	75.3	80.8	2.3	26.5

(continued)

¹AWGAMA_A is the main analysis weight and includes adjustments for institutional and individual nonresponse, overlap in the sample frames, and the number of independent samples that were drawn with replacement; data given include the mean, sum, coefficient of variation (CV) (calculated as the standard deviation of the weights divided by the weight mean, expressed as a percentage), minimum (MIN) and maximum (MAX) values.

Table A.13 (continued)

		AWGAMA_A Weight ¹				
Sampling Frame/ Segment/Season	(n)	Mean	Sum	CV (%)	Min	Max
Encampment sample						
Encampment-only (segment-3)	(81)	1.3	102.1	27.9	1.0	2.4
Encampment-shelter (segment-5)	(6)	1.1	6.6	7.0	1.0	1.1
Encampment-soup kitchen (segment-6)	(49)	1.0	57.8	24.1	1.0	2.4
Encampment-shelter- soup kitchen (segment-7)	(7)	1.0	7.3	0.0	1.0	1.0
Street sample						
Street only (segment-3)						
Winter	(13)	13.6	176.3	91.6	3.7	43.3
Spring	(15)	28.5	428.0	105.0	6.0	93.8
Street-shelter (segment-5)						
Winter ²	(5)	3.6	17.8	38.4	1.9	4.1
Spring ²	(5)	12.2	61.0	103.0	6.6	34.7
Street-soup kitchen (segment-6)						
Winter	(12)	14.4	173.1	127.4	8.2	65.6
Spring	(5)	22.3	111.6	118.7	6.0	69.4
Street-shelter- soup kitchen (segment-7)						
Winter	(7)	3.7	25.9	40.0	2.8	8.2
Spring	(2)	6.6	13.2	0.0	13.2	13.2
Total	(908)	11.4	10,387.2	125.1	0.5	93.8

¹AWGAMA_A is the main analysis weight and includes adjustments for institutional and individual nonresponse, overlap in the sample frames, and the number of independent samples that were drawn with replacement; data given include the mean, sum, coefficient of variation (CV) (calculated as the standard deviation of the weights divided by the weight mean, expressed as a percentage), minimum (MIN) and maximum (MAX) values.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table A.14 Combined Estimates for Seven Population Segments

24-Hour Population Segment ¹	(n)	Population Estimates			
		Segment Size	Weighted Standard Error	Design Effect (DEFF)	95% CI ²
Shelter only	(316)	2,640	265	3.11	(2,121-3,159)
Soup kitchen only	(109)	2,867	393	6.50	(2,097-3,637)
Street only	(109)	707	169	3.78	(376-1,038)
Shelter and soup kitchen ³	(199)	2,751	324	4.53	(2,116-3,386)
Shelter and street ³	(57)	269	51	0.87	(169-369)
Soup kitchen and street	(86)	970	210	4.40	(558-1,381)
Shelter, soup kitchen, and street ³	(32)	183	61	1.82	(63-303)
Domain subtotals					
Any shelter segment ³	(604)	5,844	449	6.89	(4,964-6,724)
Any soup kitchen segment ³	(426)	6,771	602	13.45	(5,591-7,951)
Any street segment ³	(284)	2,129	306	4.84	(1,529-2,729)
Encampments ⁴	(143)	174	17	--	(141-207)
Total³	(908)	10,387	692	4.70	(9,031-11,743)

-- Not applicable (census)

¹Unique combinations of being in three sampling domains during the 24-hour sampled day: shelter, soup kitchen, and street (including encampments).

²Confidence intervals (CI) incorporate the design effect and are calculated as the estimated segment size +/- 1.96 times the standard error.

³Including multiplicity adjustment to correct for overlap in the shelter and street sampling frames during February, March, and April 1991 and between the shelter and soup kitchen sampling frames in June 1991.

⁴Based on encampment sample only.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

developed by RTI (1990), the WEstat VARIance Estimation (WESVAR) procedure developed by Westat (Flyer & Mohadjer, 1988), and the earlier procedures developed by the Statistical Laboratory at Iowa State University (Fuller, 1986).

Because the 1990 and 1991 NHSDA are national surveys of complex design, the SUDAAN software package has been used to generate statistics and variance estimates for the NHSDA Main Findings reports. To account for the design effects, the Homeless and Transient Population Study also used SUDAAN to generate weighted estimates and standard errors.

To estimate proportions, means, and standard errors in SUDAAN in accordance with the sample design, a stratified, two-stage design was specified that incorporates with-replacement sampling at the first stage. For the SUDAAN procedures, strata are represented by the variable VESTR and primary sampling units (PSUs, corresponding to the first stage of sampling) are represented by the variable VEREP.

The variables VESTR and VEREP have frame-specific definitions to incorporate the various sampling schemes and obtain estimates both within and across frames. In the street frame, the strata are defined by distinct cross-classifications of season and homeless concentration, while PSUs are defined by distinct levels of census tracts. In the shelter frame, strata are defined by cross-classifications of season and bed capacity categories, while PSUs are represented by the shelter IDs. In soup kitchens, two design strategies were employed. For each kitchen selected with certainty, a single stratum was formed, and each person selected within these kitchens formed a distinct PSU. For all other kitchens, a single stratum was formed, and the soup kitchen ID formed the PSUs. Finally, because encampments were chosen with certainty, encampment strata were formed from each encampment ID, and people interviewed in each encampment were used to form PSUs.

Table A.15 summarizes the weight and design variables required to run SUDAAN with these data. AW is given as a reference, but it is rarely used. For within-frame estimates, AW_A should be used with the main data set and AW_A1 with the observation and screening data set. For across-frame estimates, AWGAMA_A should be used with the main data set. Note that across-frame estimates should not be made with the observation data set, which covers every person approached (including refusals and persons screened out) because these data do not support multiplicity adjustments (see Table A.7).

Table A.15 SUDAAN Requirements for Weight and Design Variables

Variable	Descriptions	Comments
Key Weights		
AW	Raw analysis weight	Inverse of sampling probability (generally not used in analysis)
AW_A	Final analysis weight, adjusted for institutional and individual nonresponse	For frame-specific estimation with main data set
AW_A1	Raw weight, adjusted for institutional nonresponse	For use on frame-specific estimates with the interviewer observation form data
AWGAMA_A	Final analysis weight, adjusted for institutional and individual nonresponse and for multiplicity across frames within the same sampled day	For cross-frame estimates with the main data set
Design Variables		
VESTR	Strata	Frame-specific definitions
VEREP	Primary sampling units	Frame-specific definitions
Design Statement		
WR	With replacement	Used in all analyses

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

The following example shows the SUDAAN program used to generate the estimates in Tables 4.6 and 4.6SE of this report.

```

1  PROC DESCRIPT DATA="[GBHOME]EXAMPLE" FILETYPE=SAS
   DESIGN=WR MEANS;
2  NEST VESTR VEREP;
3  WEIGHT AWGAMA_A;
4  VAR MRJFLAG1 MRJYR1 MRJMON1;
5  SUBGROUP SEX1 CATAGE1C RACE1 MARSTAT1 LOCATION EDUCAT1C
   EMPSTAT1;
6  LEVELS 2 3 4 3 3 3 4 ;
7  TABLES SEX1 CATAGE1C RACE1 MARSTAT1 LOCATION EDUCAT1C
   EMPSTAT1;
8  SETENV LINESIZE=80 PAGESIZE=60 DECWIDTH=5 COLWIDTH=10
   LABWIDTH=25;
9  PRINT NSUM MEAN SEMEAN/NSUMDEC=0 STYLE=NCHS;
10 OUTPUT MEAN SEMEAN NSUM / FILETYPE=ASCII REPLACE
   FILENAME="[GBHOME]TABLE4_6" MEANFMT=F10.5 SEMEANFMT=F10.5
   NSUMFMT=F8.0;
11 TITLE "TABLE 4.6 - MARIJUANA";

```

This example and description are not intended as a guide to using SUDAAN, but rather as an example of its use with the DC*MADS Homeless and Transient Population Study. Briefly, the SUDAAN program reads data from the SAS file that has been sorted by the sampling levels used in the sampling design, VESTR and VEREP, listed on the NEST statement. The default sampling design, with replacement (WR) sampling at the first stage, is used to generate better variance estimates for multistage designs. The data have been weighted using the frame multiplicity-adjusted analysis weight, AWGAMA_A, listed on the WEIGHT statement. For frame-specific estimates, the data should be weighted by AW_A, the frame-specific analysis weight. The only estimate option requested is MEANS, which requests the computation of weighted means and their standard errors for all variables on the VAR statement. The TABLES statement specifies the cross-tabulations for which estimates are to be calculated. The variables on the TABLES statement must be listed in the SUBGROUP statement and their number of levels provided on the LEVELS statement. The estimates are printed by specified instructions using the SETENV and PRINT options. The data are output to an ASCII file using the OUTPUT option. For purposes of SUDAAN analyses, consistency codes for features such as legitimate skips, missing, or refusals must be set to either a meaningful value (e.g., 0, 1) or to a Statistical Analysis System (SAS) missing (e.g., ".").

A.5.5 Low Precision Rule for Prevalence Estimates

The Homeless and Transient Population Study was designed to accurately estimate population characteristics as small as 1%. To help policymakers, program planners, and researchers to use the information in this report, weighted standard errors have been provided in Appendix B for every weighted estimate that is given. Because most tables also make estimates for subgroups (e.g., Hispanics, women) with smaller sample sizes, low

precision estimates that may prove to be less reliable have been flagged with an asterisk (*). These estimates were identified using the suppression rule developed for the DC oversample of the 1990 NHSDA.

Historically, the NHSDA suppression rule was designed to suppress estimates with an RSE greater than or equal to 50% of the prevalence estimate. This RSE is computed by dividing the SE of the estimate by the estimate (n, X, or %). Although the 50% RSE rule has been easy to implement and is easily understood, it has been observed to have some undesirable properties. Specifically, the rule imposes a very stringent suppression requirement on small prevalence rates, but a very lax requirement on large rates. That is, small prevalence rates that do not have relatively large sample sizes are often suppressed, whereas large prevalence rates that have small sample sizes are not suppressed.

Starting with the DC oversample of the 1990 NHSDA, a new suppression rule based on the RSE of the natural log of the estimate has been adopted to better address this limitation of the 50% RSE rule. Specifically, estimates are suppressed and shown as an asterisk (*) in a table or figure when:

$$\begin{array}{ll} \text{RSE} [-\ln(p)] > .175 & \text{for } p \leq .5, \text{ and} \\ \text{RSE} [-\ln(1-p)] > .175 & \text{for } p > .5. \end{array}$$

Note that $\text{RSE}[-\ln(p)] = \text{RSE}(p)/-\ln(p)$. The new rule is more liberal in allowing small prevalence rates to be published but more stringent in preventing large prevalence rates from being published than the old rule. Under the new rule, for example, it is impossible for prevalence rates of about 1% to be published unless they are based on a sample of 150 or more respondents. The old rule would have required a sample size of 400 or more respondents. A 20% prevalence rate requires a minimum sample size of 50 under the new rule, whereas it required only 16 under the old rule.

The Homeless and Transient Population Study used this suppression rule to identify low precision estimates. Because it is a methodological study with a more limited sample size, estimates have been flagged with an asterisk (*) rather than suppressed. For a 95% confidence interval, for instance, the interval estimate would be the estimate in the main table, plus or minus 1.96 times the standard error of the estimate from Appendix B.

Because the expected and overall design effect of the study was over 1.0, we also set the standard error (SE) from a simple random sampling design (SRS) as a lower bound for analyses to control for occasional design effects of less than 1.0 in subgroup estimates. To do this it is necessary to read the SUDAAN output and calculate the SRS SE, to select the maximum of the SUDAAN and SRS SEs, and to calculate the RSE. Depending on the SAS PROC and type of statistic, this is done by one of the following methods:

For percentage or prevalence estimates in SUDAAN PROC CROSSTAB, this is done with the following code:

```
1  MEAN=COLPER/100;
2  IF DEFFCOL GT 0.0, THEN SECOL2 = SECOL/SQRT(DEFFCOL);
3  SECOLMX = MAX(SECOL, SECOL2);
4  IF COLPER GT 0.0, THEN RSE = SECOLMX/COLPER; ELSE RSE = .;
```

For estimates of proportions (i.e., means of dichotomous, 0-1 variables) in SUDAAN PROC DESCRIPT, this is done with the following code:

```
1  IF MEAN GT 0.0, THEN SEMEAN2 = SQRT(MEAN*(1-MEAN)/NSUM);
2  SEMEANMX = MAX(SEMEAN, SEMEAN2);
3  IF MEAN GT 0.0, THEN RSE = SEMEANMX/MEAN; ELSE RSE = .;
```

For population estimates in SUDAAN PROC DESCRIPT, this is done with the following code:

```
1  IF TOTAL GT 0, THEN SETOTAL2 = WSUM*SEMEAN2;
2  SETOTMX = MAX (SETOTAL, SETOTAL2);
3  IF TOTAL GT 0, THEN RSE = SETOTMX/TOTAL; ELSE RSE = .;
```

To implement the suppression rule, it is then necessary to calculate the natural log of "p" and test it against the 0.175 limit with the following code:

```
1  IF MEAN LE 0.5, THEN RSELNP = RSE/ABS(LOG (MEAN));
   ELSE IF MEAN GT 0.5, THEN RSELNP = RSE*(MEAN/(1-
   MEAN))/(ABS(LOG(1-MEAN)));
2  IF RSELNP GT 0.175, THEN SUPPRESS=''
```

The variable SUPPRESS can then be used as a flag after the estimate (as was done in this report) or used to supplant it (as is done in the NHSDA).

A.5.6 Testing for Statistical Significance

For Chapter 4.0, pairwise z-test comparisons were made for the rates of illicit drug use, marijuana use, cocaine use, and alcohol use between each of the key demographic and homeless subgroups. With SUDAAN, these z-tests examine the magnitude of the difference between the rates while taking into account the size of the sample and the variation among sample members (RTI, 1990). A difference in rates of use is defined as "statistically significant" when (taking into account the size of the sample and the variation among sample members) there is a 0.95 or greater probability that the two populations being compared actually have different prevalence rates. Differences that are statistically significant at the 0.05 level (0.95 nondirectional probability) are noted in the text as $p < .05$. The results of all pairwise comparisons of drug and alcohol use among demographic and homeless subgroups, summarized in Chapter 4.0, are reported in Appendix C.

Statistically significant differences may not be found even though the rate for one group may be from 50% to 100% higher or lower than for the comparison group if the rate of use is low. For example, if the rate of use for one group is 1% and the rate of use for the comparison group is 1.5%, it is unlikely that the difference between these two groups would be statistically significant. The magnitude of the difference between these two groups is so small (0.5%) that it is difficult to detect whether the two groups truly differ in their rate of use or if the difference is due to sampling error. Statistically significant differences have also been suppressed when one or more of the estimates have low precision. Such a comparison might otherwise be unreliable and/or misleading.

Although the primary purpose of the standard errors in Appendix B is the calculation of confidence intervals, they can be used for comparing mutually exclusive subgroups. One can test the hypothesis of no difference in prevalence rates using the test for standard difference in proportions, expressed as follows:

$$|z| = \frac{|p_1 - p_2|}{\sqrt{SE(p_1)^2 + SE(p_2)^2}}$$

where

p_1 = estimated drug prevalence proportion in subgroup 1;

$SE(p_1)$ = variance estimate for p_1 ;

p_2 = estimated drug prevalence proportion in subgroup 2; and

$SE(p_2)$ = variance estimate of p_2 .

Under the null hypothesis of no difference in prevalence rates, z is asymptotically distributed as a normal random variable. Calculated values of z can, therefore, be referred to the unit normal distribution to determine the corresponding probability level (i.e., p-value). Both two-sided and one-sided p-values can be computed.

This z statistic is slightly conservative because it does not account for the potential small positive covariance expected between p_1 and p_2 . This covariance results from the sampling units that are common to the winter and spring shelter and street tract samples. In this report, this covariance is accounted for in SUDAAN by subtracting an estimate of $2 \cdot \text{Cov}(p_1; p_2)$ from the two variance quantities under the square root symbol in the denominator of z . If either design-based variance estimate was less than the associated simple random sample variance estimate, the simple random sample estimate was used. In these cases, it was assumed that the true covariance should be negligible; therefore, the estimated covariance term was deleted from the test statistic.

A.6 Relative Rates of Drug and Heavy Alcohol Use in the DC MSA Homeless and Transient and Household Populations

The prevalence of illicit drug and heavy alcohol use was substantially higher in the homeless population surveyed in DC*MADS than in the DC area household population surveyed in the 1991 NHSDA oversample. However, comparisons of this type can be misleading because the two populations differ along several sociodemographic dimensions that have been shown to be related to drug use. For example, the proportion of males is higher in the homeless population than in the household population (Table 3.2), and males generally have higher rates of illicit drug and heavy alcohol use than do females. Several potentially confounding factors of this type appear to be present, indicating a need to control for these factors to make accurate comparisons of drug use rates between the two populations. Such analyses, however, are beyond the scope of this report.

Some insight into the differences between the household and homeless populations is provided in this section by partially controlling for the sociodemographic differences. The tables show estimated prevalence rates for the DC area household and homeless populations according to sex, age, race/ethnicity, marital status, and adult educational attainment. Prevalence rates for use of marijuana, cocaine, any illicit drug, and alcohol (including heavy alcohol use) are presented.

In evaluating the data in this section, it should be recognized that the rates control for only one variable at a time and that, within categories of each variable, interactions with other variables may create a distorted impression of the difference in drug abuse rates in the two populations. For example, comparisons of sex-specific rates for homeless and household populations might be affected by a difference in the age distributions of males and females in the two populations.

Tables A.16, A.17, A.18, and A.19 show the rates of illicit drug and heavy alcohol use in DC MSA household and homeless and transient populations in 1991. Although statistical tests of the differences have not been performed due to the limited nature of this analysis, the rates of lifetime, past year, and past month use of these illicit drugs and of heavy alcohol use appear to be higher in the homeless population than in the household population in all cases, often by several orders of magnitude. For example, the age-specific rates of past month use of any illicit drug among persons 12 to 25 years old were 21.4% in the homeless population and 9.7% in the household populations; among persons 26 to 34 years old, the rates were 44.0% and 8.7%, respectively, in the two populations; and for those 35 years of age and older, the rates were 31.0% and 2.6%, respectively (Table A.16).

Table A.16 Any Illicit Drug Use Prevalence Among DC MSA Homeless and Transient and Household Populations, by Demographic Characteristics and Time Period

Demographic Characteristics ¹	Time Period of Any Illicit Drug Use (%)					
	Lifetime		Past year		Past Month	
	HP	HTP	HP	HTP	HP	HTP
Total	39.9	80.0	11.7	57.7	5.7	34.3
Sex						
Male	44.1	83.0	15.0	63.4	7.9	38.5
Female	36.2	70.7	8.6	39.6	3.6	21.2
Age						
12-25 years	36.3	75.4	17.5	45.3*	9.7	21.4
26-34 years	61.0	91.1	19.6	69.8	8.7	44.0
35+ years	32.5	73.0	5.7	52.3	2.6	31.0
Race/ethnicity²						
White	45.8	66.4	12.7	42.3	5.7	28.1
Black	33.3	85.2	11.2	64.2	6.8	37.5
Hispanic	29.3	52.5*	8.1	27.3*	2.8	17.5*
Marital status						
Single	45.1	83.3	20.3	59.2	11.5	35.1
Married	35.8	70.6*	6.0	52.3*	2.4	32.6*
Divorced/widowed	41.8	75.8	11.5	56.5	3.8	33.6
Adult education³						
Less than high school	28.7	76.3	8.5	56.2	4.7	36.8
High school graduate	36.1	84.8	10.9	60.6	6.4	30.4
Any college	48.5	80.4	13.2	56.6	5.8	37.6*

* Low precision.

HP = Household Population.

HTP = Homeless and Transient Population.

¹Entries are the prevalence within each population. Caution must be exercised in comparing the two populations because of the demographic differences shown in Table 3.2 and because they potentially overlap.

²The category for "other" race/ethnicity is not shown because there were too few cases in the homeless sample (n=21).

³General equivalency diplomas (GEDs) are not included in this measure. People aged 12 to 17 are excluded from estimates of adult education.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study and 1991 NIDA National Household Survey on Drug Abuse.

Table A.17 Marijuana Use Prevalence Among DC MSA Homeless and Transient and Household Populations, by Demographic Characteristics and Time Period

Demographic Characteristics ¹	Time Period of Marijuana Use (%)					
	Lifetime		Past year		Past Month	
	HP	HTP	HP	HTP	HP	HTP
Total	36.2	75.8	8.1	37.5	4.1	16.3
Sex						
Male	40.5	78.6	11.8	41.5	6.1	17.5
Female	32.2	66.7	4.7	24.5	2.2	12.6
Age						
12-25 years	29.8	69.8	13.4	30.7*	7.3	9.5
26-34 years	57.1	88.1	14.1	49.6	6.6	20.0
35+ years	30.0	68.2	3.2	30.2	1.6	15.6
Race/ethnicity²						
White	41.8	66.1	8.9	32.8	4.7	16.0*
Black	30.2	79.8	7.6	40.1	4.0	17.0
Hispanic	24.8	49.1*	6.4	22.3*	.*	11.6*
Marital status						
Single	39.8	79.9	16.4	41.8	8.6	20.3
Married	32.5	62.8*	3.2	22.9*	1.8	3.7*
Divorced/widowed	40.0	70.7	6.1	32.9	2.1	11.9
Adult education³						
Less than high school	27.4	70.9	6.6	37.6	4.2	18.1
High school graduate	33.3	81.6	6.9	38.1	3.9	13.4
Any college	44.4	76.2	9.5	38.1*	4.4	19.5*

* Low precision.

HP = Household Population.

HTP = Homeless and Transient Population.

¹Entries are the prevalence within each population. Caution must be exercised in comparing the two populations because of the demographic differences shown in Table 3.2 and because they potentially overlap.

²The category for "other" race/ethnicity is not shown because there were too few cases in the homeless sample (n=21).

³General equivalency diplomas (GEDs) are not considered in this measure. People aged 12 to 17 are excluded from estimates of adult education.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study and 1991 NIDA National Household Survey on Drug Abuse.

Table A.18 Cocaine Use Prevalence Among DC MSA Homeless and Transient and Household Populations, by Demographic Characteristics and Time Period

Demographic Characteristics ¹	Time Period of Cocaine Use (%)					
	Lifetime		Past year		Past Month	
	HP	HTP	HP	HTP	HP	HTP
Total	13.5	65.1	3.6	48.4	1.5	27.5
Sex						
Male	16.8	68.2	5.9	52.8	2.5	32.0
Female	10.4	55.4	1.5	34.5	0.6	13.3
Age						
12-25 years	8.8	49.4*	3.1	30.7*	0.9	12.6
26-34 years	29.2	80.7	6.4	60.5	2.2	35.6
35+ years	8.8	58.1	2.7	44.7	1.5	26.0
Race/ethnicity²						
White	15.3	46.1*	3.1	31.7	0.9	15.9
Black	12.3	72.4	5.9	55.2	3.4	31.6
Hispanic	9.5	35.9*	*,*	18.0*	*,*	13.3*
Marital status						
Single	20.0	67.0	7.6	49.2	3.4	27.7
Married	8.6	58.5*	1.1	45.6*	0.5	26.2*
Divorced/widowed	15.0	61.8	3.1	47.4	0.7	27.4
Adult education³						
Less than high school	11.6	60.4	3.8	47.5	1.5	30.4
High school graduate	14.8	68.9	4.6	49.5	2.0	21.8
Any college	15.3	68.9*	3.5	49.5*	1.5	33.4*

* Low precision.

HP = Household Population.

HTP = Homeless and Transient Population.

¹Entries are the prevalence within each population. Caution must be exercised in comparing the two populations because of the demographic differences shown in Table 3.2 and because they potentially overlap.

²The category for "other" race/ethnicity is not shown because there were too few cases in the homeless sample (n=21).

³General equivalency diplomas (GEDs) are not considered in this measure. People aged 12 to 17 are excluded from estimates of adult education.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study and 1991 NIDA National Household Survey on Drug Abuse.

Table A.19 Alcohol Prevalence Among DC MSA Homeless and Transient and Household Populations, by Demographic Characteristics and Time Period

Demographic Characteristics ¹	Time Period of Alcohol Use (%)							
	Lifetime		Past year		Past Month		Heavy Alcohol Use ²	
	HP	HTP	HP	HTP	HP	HTP	HP	HTP
Total	84.6	93.5	73.5	85.6	55.9	69.8	4.2	27.5
Sex								
Male	88.3	95.3	77.2	89.6	61.1	77.2	7.0	31.6
Female	81.1	87.7	70.0	72.7	51.1	46.3	1.5	14.7
Age								
12-25 years	70.5	84.0	65.4	76.0	47.9	49.0*	7.2	15.2*
26-34 years	91.2	97.7	84.8	91.0	67.0	77.0	4.5	26.0
35+ years	87.9	93.1	72.2	84.4	54.6	70.9	2.7	32.7
Race/ethnicity³								
White	91.5	95.2	82.3	78.7	64.1	49.8*	4.7	16.5
Black	74.7	95.0	57.6	88.8	42.3	75.4	3.8	30.8
Hispanic	**. *	66.2*	**. *	60.0*	**. *	47.8*	**. *	21.3*
Marital status								
Single	76.9	94.3	69.2	88.6	54.0	72.6	7.4	26.4
Married	88.7	74.4*	75.9	55.7*	56.7	45.5*	2.3	22.2*
Divorced/widowed	87.7	96.3	74.6	86.7	57.1	69.5	3.2	29.5
Adult education⁴								
Less than high school	74.3	88.5	52.8	81.0	41.9	65.7	4.5	23.9
High school graduate	87.3	96.4	70.7	89.4	47.3	72.1	4.8	30.9
Any college	92.1	98.1	84.8	88.4	68.9	75.2	4.3	29.4*

* Low precision.

HP = Household population.

HTP = Homeless and Transient Population.

¹Entries are the prevalence within each population. Caution must be exercised in comparing the two populations because of the demographic differences shown in Table 3.2 and because they potentially overlap.

²Defined as five or more drinks per day on a weekly basis while homeless or while in the household population (see Section 2.4).

³The category for "other" race/ethnicity is not shown because there were too few cases in the homeless sample (n=21).

⁴General equivalency diplomas (GEDs) are not considered in this measure. People aged 12 to 17 are excluded from estimates of adult education.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study and 1991 NIDA National Household Survey on Drug Abuse.

Although the rates presented in this section suggest differences in drug use prevalence between the homeless and household populations, additional research and analyses are needed to determine the relative contribution of homelessness itself and other correlated factors in explaining these differences. Possible variables to be considered in future research include the sociodemographic factors for which data were collected in this study and other factors, such as psychological profiles, that may be correlated with homelessness.

A.7 Proportion of Budget Spent on Various Study Activities

Proportions of the study budget spent on various activities are presented here to assist researchers who may be planning similar studies. They include:

- 11% for study design, questionnaire development and Spanish translation, meeting with local providers, and pretests and coordination with other DC*MADS studies;
- 9% for developing sampling frame information (including local ratings), drawing the samples, developing sampling weights, clustering and randomly assigning units to the temporal sample, developing and testing sampling weight adjustments for institutional nonresponse, individual nonresponse, seasonal multiplicity, and frame multiplicity;
- 39% for initial and follow-up training, gaining site cooperation, on-site sampling, scouting blocks, security sweeps, interviewing, field editing, field supervision, and quality control;
- 16% for data editing, data entry, computer editing, and creation of a data tape; and
- 25% for creation of analysis variables, computer runs, table creation, data analysis, and report writing.

Appendix B

Standard Errors

TABLES

Note: See Section A.5 of Appendix A for information on using standard errors to calculate low precision flags, confidence intervals, or pairwise z-tests.

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3.3SE	Standard Errors for Table 3.3: History and Chronicity of Homelessness, by Sample Type and Overall.....	B-3
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3.5SE	Standard Errors for Table 3.5: Geographic Location of the Literally Homeless Population in the DC MSA at the Current Time, on the Prior Night, Prior to the Current Episode of Homelessness, and When Last in Elementary/High School.....	B-5
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4.3SE	Standard Errors for Table 4.3: Any Illicit Drug Use Prevalence Among the DC MSA Homeless and Transient Population by Demographic Characteristics and Time Period.....	B-8
4.4SE	Standard Errors for Table 4.4: Marijuana Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period.....	B-9
4.5SE	Standard Errors for Table 4.5: Cocaine Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period.....	B-10
4.6SE	Standard Errors for Table 4.6: Alcohol Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period.....	B-11
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5.1SE	Standard Errors for Table 5.1: Major Patterns of Illicit Drug Use During the Lifetime, Past Year, and Past Month.....	B-16
5.2SE	Standard Errors for Table 5.2: Distribution of Demographic Characteristics of the DC MSA Homeless and Transient Population, by Overall Illicit Drug Use Pattern.....	B-17
5.3SE	Standard Errors for Table 5.3: Distribution of Homelessness Patterns, by Overall Illicit Drug Use Pattern.....	B-18
5.4SE	Standard Errors for Table 5.4: Average Age of First Using Illicit Drugs, Alcohol, and/or Cigarettes, by Age at First Homeless Episode.....	B-19
5.5SE	Standard Errors for Table 5.5: Prevalence and Estimated Numbers of Injection Drug Users and Needle Use Risk Behaviors in the DC MSA Homeless and Transient Population.....	B-20
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5.7SE	Standard Errors for Table 5.7: Any Illicit Drug Use Prevalence Among the DC MSA Homeless and Transient Population, by Characteristic and Type of Institution and Time Period.....	B-22
5.8SE	Standard Errors for Table 5.8: Perceived Risks of Various Frequencies of Using Drugs and Alcohol among the DC MSA Homeless and Transient Population.....	B-23
6.1SE	Standard Errors for Table 6.1: Drug-Associated Problems During the Past Year, by Illicit Drug Use and Overall for the DC MSA Homeless and Transient Population.....	B-24
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Table 3.1SE Standard Errors for Table 3.1: Weighted Demographic Characteristics of Homeless and Transient Population in the DC MSA, by Sample Type and Overall

Demographic Characteristic¹	Shelter SE	Soup Kitchen SE	Encampment Cluster SE	Street SE	Total SE
Total unweighted (n)	(477)	(224)	(143)	(64)	(908)
Sex					
Male	6.1	2.4	2.8	7.7*	2.8
Female	6.1	2.4	2.8	7.7*	2.8
Age group					
12-25 years	2.6	2.7	2.1	10.4*	2.0
26-34 years	2.7	4.8	4.2	13.1*	3.1
35+ years	4.1	4.2	4.1	8.6*	3.1
Race/ethnicity					
White	3.1	4.4	3.7	2.9*	2.6
Black	3.5	5.1	4.0	7.3*	3.1
Hispanic	1.9	2.3	1.7	1.1*	1.5
Marital status					
Single	3.0	3.7	4.4	6.3*	2.4
Married	1.8	2.2	3.0	1.4*	1.4
Divorced/widowed	2.8	4.3	4.0	6.2*	2.5
Location					
DC	4.7	8.8*	2.3	7.3*	5.1
Maryland	2.4	7.5*	1.2	7.9*	4.3
Virginia	4.3	5.1*	2.0	1.7*	3.4
Adult education					
Less than high school	4.0	4.4	4.1	10.0*	3.2
High school graduate	2.3	3.5	4.3	10.1*	2.4
College	3.3	3.5	3.8	4.6*	2.4
Current employment					
Full-time	5.2	3.4	2.7	3.1*	2.5
Part-time	2.3	2.5	3.3	3.0*	1.5
Unemployed	2.8	3.9	4.7	5.9*	2.7
Other	3.9	1.5	3.8	3.0*	1.9
Total population [row % SE]	[3.6]	[2.7]	[--]	[2.4]	[--]
Population estimate SE	449	602	--	306	692
Population/row estimate (n)	(908)	(908)	(143)	(908)	(908)

*Low precision.

¹See Table 3.1 for main estimates and definitions; see Table A.8 for the unweighted number of respondents per cell.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 3.2SE Standard Errors for Table 3.2: Comparison of Demographic Characteristics Between the Homeless and Household Populations in the DC MSA

Demographic Characteristic ¹	Homeless Population			Household Population		
	(n)	Percent SE	Population SE	(n)	Percent SE	Population SE
Total	(908)	--	692	(2,547)	--	128,122
Sex						
Male	(606)	2.8	680	(1,145)	1.5	66,160
Female	(302)	2.8	284	(1,402)	1.5	80,350
Age group						
12-25 years	(159)	2.0	212	(1,277)	0.9	31,719
26-34 years	(319)	3.1	415	(665)	1.2	53,981
35+ years	(429)	3.1	487	(605)	1.4	80,326
Race/ethnicity						
White	(193)	2.6	269	(1,347)	2.1	112,665
Black	(632)	3.1	648	(877)	2.1	73,387
Hispanic	(54)	1.5	168	(187)	0.6	18,077
Marital status						
Single	(502)	2.4	501	(1,476)	1.4	52,270
Married	(88)	1.4	147	(753)	2.2	100,110
Divorced/widowed	(297)	2.5	299	(318)	1.2	45,149
Location						
DC	(556)	5.1	825	(600)	2.7	79,726
Maryland	(143)	4.3	441	(1,035)	3.6	95,985
Virginia	(209)	3.4	337	(912)	4.8	189,678
Adult education						
Less than high school	(361)	3.2	447	(277)	1.2	38,062
High school graduate	(352)	2.4	356	(565)	1.4	53,289
College	(172)	2.4	278	(1,054)	2.0	75,131
Current employment						
Full-time	(167)	2.5	293	(1,198)	2.1	113,921
Part-time	(109)	1.5	176	(193)	1.0	29,934
Unemployed	(451)	2.7	537	(109)	0.5	15,488
Other	(147)	1.9	167	(396)	1.6	45,713

-- Not applicable.

¹See Table 3.2 for main estimates and definitions; homeless-to-household ratios not applicable.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study and 1991 NIDA National Household Survey on Drug Abuse DC MSA Sample.

Table 3.3SE Standard Errors for Table 3.3: History and Chronicity of Homelessness, by Sample Type and Overall

History/Chronicity of Homelessness¹	Shelter SE	Soup Kitchen SE	Encampment Cluster SE	Street SE	Total SE
Total unweighted (n)	(477)	(224)	(143)	(64)	(908)
Times homeless					
None	--	2.6	--	--	1.8
1	2.9	4.4	4.4	11.8*	2.8
2 or more	2.9	3.9	4.4	11.8*	2.4
Age first homeless					
Never homeless	--	2.6	--	--	1.8
Under 25	3.6	4.2	4.3	8.9*	2.8
26-34	3.1	3.8	4.1	8.6*	2.5
35+	3.2	5.0	4.3	5.3	3.1
Length of this/last episode					
Never homeless	--	2.6	--	--	1.8
Less than 6 months	4.0	4.1	3.9	4.4	2.8
6 or more months	4.0	3.3	3.9	4.4	2.3
Stage of homelessness					
Newly Homeless	3.6	2.9	2.9	3.2	2.1
Chronically homeless	2.7	3.0	3.8	13.7*	2.6
Intermittently homeless	2.9	4.3	4.4	12.6*	2.6
At risk of homelessness	--	5.3	--	--	3.2
Total population [row % SE]	[3.6]	[2.7]	[--]	[2.4]	[--]
Population estimate SE	449	602	--	306	692
Population/row estimate (n)	(908)	(908)	(143)	(908)	(908)

-- Not applicable.

*Low precision.

¹See Table 3.3 for main estimates and definitions; see Table A.9 for unweighted number of respondents per cell.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 3.4SE Standard Errors for Table 3.4: Service Use Patterns of Homeless and Transient Population in the DC MSA, by Sample Type and Overall

Service Use Pattern¹	Shelter SE	Soup Kitchen SE	Encampment Cluster SE	Street SE	Total SE
Total unweighted (n)	(477)	(224)	(143)	(64)	(908)
Lifetime service use					
Any service	--	--	2.2	7.9*	0.9
Shelter only	3.6	--	2.4	2.8*	1.4
Soup kitchen only	--	3.4	2.6	2.3*	2.3
Shelter and soup kitchen	3.6	3.4	3.6	7.4*	2.6
None	--	--	2.2	7.9*	0.9
Past month service use					
Any service	--	--	3.5	9.6*	1.1
Shelter only	5.1	--	2.5	3.0*	2.7
Soup kitchen only	--	5.7	4.2	5.3*	3.5
Shelter and soup kitchen	5.1	5.7	4.1	8.1*	3.6
None	--	--	3.5	9.6*	1.1
Past day service use and street presence					
Any service	--	--	4.1	10.6*	1.6
Shelter only	3.3	--	--	--	2.4
Soup kitchen only	--	4.7	--	--	2.9
Shelter and soup kitchen	3.2	5.6	--	--	2.8
Shelter and street	1.3	--	1.6	7.6*	0.5
Soup kitchen and street	--	2.4	4.1	6.9*	1.8
All three	0.8	1.5*	1.7	3.2	0.6
None (street only)	--	--	4.1	10.6*	1.6
Total population [row % SE]	[3.6]	[2.7]	[--]	[2.4]	[--]
Population estimate SE	449	602	--	306	692
Population/row estimate (n)	(908)	(908)	(143)	(908)	(908)

-- Not applicable.

*Low precision.

¹See Table 3.4 for main estimates and definitions; see Table A.10 for the unweighted number of respondents per cell.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 3.5SE Standard Errors for Table 3.5: Geographic Location of the Literally Homeless Population in the DC MSA at the Current Time, on the Prior Night, Prior to the Current Episode of Homelessness, and When Last in Elementary/High School

Geographic Location ¹	Current Location	Prior Events		
		On the Prior Night	Prior to Current Episode	Last Time in School
Total unweighted (n)	(826)	(826)	(826)	(826)
DC MSA	--	0.5	2.0	3.9
Alexandria, VA	1.3	1.8	1.4	0.8
Arlington County, VA	0.5	0.5	0.4	0.2
DC	4.0	3.2	3.7	3.5
Fairfax City/County, VA	1.7	0.9	0.7	0.6
Manassas City/Park, VA	.*	0.1	0.3	0.2
Montgomery County, MD	2.2	1.0	1.3	0.7
Prince George's County, MD	2.4	1.7	2.2	1.1
Other parts of the MSA	1.6	1.3	0.9	1.0
Other parts of the MSA	--	0.5	2.0	3.9

-- Not applicable.

.* Rounds to zero.

¹See Table 3.5 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.1SE Standard Errors for Table 4.1: Prevalence and Estimated Numbers of Users of Illicit Drugs, Alcohol, and/or Tobacco Among the DC MSA Homeless and Transient Population, by Time Period

Substance ¹	Time Period of Use					
	Lifetime			Past Year		
	(n)	Percent SE	Number of Users SE	(n)	Percent SE	Number of Users SE
Total unweighted (n)	(908)	--	--	(908)	--	(908)
Any illicit drug	(907)	2.4	709	(907)	3.2	625
Marijuana/hashish	(903)	2.3	665	(899)	3.6	540
Cocaine	(904)	3.3	666	(904)	3.5	588
Crack	(904)	3.2	555	(902)	3.2	524
Other cocaine	(902)	3.2	615	(900)	3.3	392
Inhalants	(901)	3.0	391	(899)	0.8	88
Hallucinogens	(899)	2.5	476	(894)	1.9	209
Heroin	(899)	2.5	380	(897)	1.7	204
Nonmedical use of any psychotherapeutics	(905)	3.2	522	(904)	1.8	243
Stimulants	(901)	2.9	424	(895)	1.3	142
Other psychotherapeutics	(890)	3.2	475	(881)	1.7	208
Any illicit drug, excluding marijuana	(907)	3.1	708	(907)	3.2	584
Any alcohol	(907)	1.2	673	(900)	1.7	652
Heavy alcohol use	(--)	--	--	(--)	--	--
Cigarettes	(907)	1.3	675	(884)	1.9	638

-- Not applicable.

*Low precision.

¹See Table 4.1 for main estimates and definitions.

Source: 1991 NIDA DC*WADS Homeless and Transient Population Study.

Table 4.2SE Standard Errors for Table 4.2: Past Year Use of Any Illicit Drug, Marijuana, Crack Cocaine, and Other Drugs with Alcohol, and Components of Dependence in the Past Year Attributed to Use of These Substances

Substance ¹	(n)	Past Year SE	Use with Alcohol	SEs for Components of Dependence		
				Larger Amounts	Withdrawal Symptoms	Tried to Cut Down
Total unweighted (n)	(908)	--	(902)	(892)	(868)	(881)
Any illicit drug	(907)	3.2	3.2	2.5	2.2	3.1
Marijuana	(899)	3.6	3.1	1.5	0.5	1.9
Crack	(902)	3.2	2.9	2.6	2.1	2.9
Other drugs	(905)	3.5	3.0	1.6	1.3	2.1
Any alcohol use	(900)	1.7	--	3.2	2.4	2.6

-- Not applicable.

¹See Table 4.2 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.3SE Standard Errors for Table 4.3: Any Illicit Drug Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Demographic Characteristic¹	Time Period of Any Illicit Drug Use (% SE)		
	Lifetime SE	Past Year SE	Past Month SE
Total unweighted (n)	(907)	(907)	(907)
Total	2.4	3.2	3.7
Sex			
Male	2.7	3.6	4.3
Female	4.0	5.6	5.0
Age group			
12-25 years	4.9	7.0*	5.1
26-34 years	2.1	3.4	4.9
35+ years	3.5	4.5	4.8
Race/ethnicity			
White	4.4	6.1	5.6
Black	2.0	3.5	3.6
Hispanic	11.8*	10.0*	9.7*
Marital status			
Single	2.6	3.8	4.3
Married	7.7*	8.6*	9.8*
Divorced/widowed	3.3	5.1	4.9
Location			
DC	2.7	4.1	4.5
Maryland	6.7*	5.6	9.1*
Virginia	3.4	6.2	2.5
Adult education			
Less than high school	3.7	5.1	5.3
High school graduate	3.5	4.4	4.6
Any college	4.9	5.9	7.0*
Current employment			
Full-time	4.1	5.6	6.7*
Part-time	4.2	7.6*	8.4*
Unemployed	3.2	4.7	5.0
Other	6.7*	6.1	5.3*

*Low precision.

-- Not applicable.

¹See Table 4.3 for main estimates and definitions and Table 4.3P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.4SE Standard Errors for Table 4.4: Marijuana Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Demographic Characteristic¹	Time Period of Marijuana Use (% SE)		
	Lifetime SE	Past Year SE	Past Month SE
Total unweighted (n)	(903)	(899)	(899)
Total	2.3	3.6	3.4
Sex			
Male	2.7	4.1	4.1
Female	4.8	4.6	4.3
Age Group			
12-25 years	5.3	6.4*	3.5
26-34 years	2.5	5.2	5.4
35+ years	3.5	4.1	3.7
Race/ethnicity			
White	4.6	5.9	5.7*
Black	2.4	4.1	3.2
Hispanic	12.1*	11.4*	10.7*
Marital status			
Single	2.8	5.0	5.1
Married	7.3*	7.2*	2.3*
Divorced/widowed	3.6	5.5	4.1
Location			
DC	2.7	4.6	4.1
Maryland	6.4*	8.7*	10.8*
Virginia	3.4	2.7	2.8
Adult education			
Less than high school	3.6	5.3	5.1
High school graduate	3.7	4.9	3.4
Any college	5.3	7.1*	7.7*
Current employment			
Full-time	4.2	5.2	6.1*
Part-time	3.5	10.7*	4.8*
Unemployed	3.3	4.5	4.3
Other	6.8*	5.8	4.0*

*Low precision.

-- Not applicable.

¹See Table 4.4 for main estimates and definitions and Table 4.4P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.5SE Standard Errors for Table 4.5: Cocaine Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Demographic Characteristic ¹	Time Period of Cocaine Use (% SE)		
	Lifetime SE	Past Year SE	Past Month SE
Total unweighted (n)	(904)	(904)	(904)
Total	3.3	3.5	3.6
Sex			
Male	3.8	4.1	4.4
Female	4.4	5.6	4.3
Age Group			
12-25 years	7.4*	6.8*	4.1
26-34 years	3.3	3.9	5.3
35+ years	4.9	5.2	4.5
Race/ethnicity			
White	6.9*	6.1	4.4
Black	3.1	3.7	3.5
Hispanic	14.5*	11.0*	10.8*
Marital status			
Single	4.1	4.0	4.4
Married	9.6*	10.1*	10.7*
Divorced/widowed	4.4	5.4	4.3
Location			
DC	3.9	4.4	4.5
Maryland	8.5*	7.6*	6.1*
Virginia	4.8	5.8	2.8
Adult education			
Less than high school	5.1	5.8	5.4
High school graduate	3.9	4.2	4.3
Any college	6.5*	7.1*	7.2*
Current employment			
Full-time	4.5	5.6	6.5*
Part-time	6.6*	8.6*	8.4*
Unemployed	5.1	5.3	5.3
Other	6.8*	6.4	4.3*

*Low precision.

-- Not applicable.

¹See Table 4.5 for main estimates and definitions and Table 4.5P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

**Table 4.6SE Standard Errors for Table 4.6: Alcohol Use Prevalence
Among the DC MSA Homeless and Transient Population, by
Demographic Characteristics and Time Period**

Demographic Characteristic ¹	Time Period of Alcohol Use (% SE)			
	Lifetime SE	Past Year SE	Past Month SE	Heavy Alcohol Use ² SE
Total unweighted (n)	(907)	(900)	(900)	(881)
Total	1.2	1.7	2.9	2.1
Sex				
Male	1.4	2.0	3.0	2.3
Female	3.2	4.0	5.7	4.5
Age Group				
12-25 years	4.8	5.3	6.9*	6.9*
26-34 years	0.8	2.1	3.9	4.3
35+ years	1.4	2.1	3.0	3.0
Race/ethnicity				
White	2.0	4.0	7.3*	4.3
Black	1.1	1.8	2.9	2.5
Hispanic	12.3*	12.1*	12.0*	12.7*
Marital status				
Single	1.5	2.2	3.6	3.3
Married	6.5*	6.8*	6.9*	7.5*
Divorced/widowed	1.4	2.5	4.4	4.3
Location				
DC	1.0	1.8	3.6	2.6
Maryland	3.4	6.1*	8.7*	6.4*
Virginia	4.6	3.4	5.1	3.2
Adult education				
Less than high school	2.9	3.2	4.4	3.9
High school graduate	1.1	2.0	3.5	4.4
Any college	1.0	3.2	4.7	6.4*
Current employment				
Full-time	1.6	3.1	4.7	5.2
Part-time	1.8	4.2*	5.1	8.9*
Unemployed	2.3	2.6	4.1	3.4
Other	1.6	4.6	7.5*	6.9*

*Low precision.

-- Not applicable.

¹See Table 4.6 for main estimates and definitions and Table 4.6P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.7SE Standard Errors for Table 4.7: Any Illicit Drug Use Prevalence, by Patterns of Homelessness and Time Period

Patterns of Homelessness¹	Time Period of Any Illicit Drug Use (% SE)		
	Lifetime SE	Past Year SE	Past Month SE
Total unweighted (n)	(907)	(907)	(907)
Total	2.4	3.2	3.7
Stage of homelessness			
Newly homeless	3.3	6.2	4.9
Chronically homeless	5.6	5.7	3.9
Intermittently homeless	2.6	4.3	5.1
At risk of homelessness	5.2	7.6*	10.4*
Past month service use			
Any service	2.3	3.2	3.7
Shelter only	5.5	6.6*	2.9
Soup kitchen only	4.0	7.2*	9.4*
Shelter and soup kitchen	2.5	3.4	3.5
None	21.4*	21.8*	5.9*
Sampling location			
Shelter	4.0	4.8	2.5
Soup kitchen	2.4	3.9	5.2
Encampment cluster	3.6	4.2	4.1
Street	10.1*	10.5*	8.5*

*Low precision.

-- Not applicable.

¹See Table 4.7 for main estimates and definitions and Table 4.7P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.8SE Standard Errors for Table 4.8: Marijuana Use Prevalence, by Pattern of Homelessness and Time Period

Patterns of Homelessness¹	Time Period of Marijuana Use (% SE)		
	Lifetime SE	Past Year SE	Past Month SE
Total unweighted (n)	(903)	(899)	(899)
Total	2.3	3.6	3.4
Stage of homelessness			
Newly homeless	3.8	7.0*	4.6*
Chronically homeless	5.7	5.6	3.7
Intermittently homeless	2.7	4.9	4.0
At risk of homelessness	5.2	7.9*	8.0*
Past month service use			
Any service	2.3	3.7	3.5
Shelter only	5.8	7.5*	1.1
Soup kitchen only	4.1	7.9*	9.1*
Shelter and soup kitchen	2.5	4.0	3.1
None	22.6*	3.4*	2.5*
Sampling location			
Shelter	4.0	4.6	1.3
Soup kitchen	2.6	5.4	5.7
Encampment cluster	3.9	4.4	3.5
Street	10.2*	11.0*	5.9*

*Low precision.

-- Not applicable.

¹See Table 4.8 for main estimates and definitions and Table 4.8P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.9SE Standard Errors for Table 4.9: Cocaine Use Prevalence, by Patterns of Homelessness and Time Period

Patterns of Homelessness¹	Time Period of Cocaine Use (% SE)		
	Lifetime SE	Past Year SE	Past Month SE
Total unweighted (n)	(904)	(904)	(904)
Total	3.3	3.5	3.6
Stage of homelessness			
Newly homeless	5.2	6.7*	5.1
Chronically homeless	6.2	5.0	3.7
Intermittently homeless	4.2	4.4	4.9
At risk of homelessness	7.9*	7.8*	10.1*
Past month service use			
Any service	3.3	3.5	3.6
Shelter only	5.8	4.2	2.9
Soup kitchen only	6.1	7.7*	8.6*
Shelter and soup kitchen	3.7	4.1	3.5
None	23.1*	23.8*	3.9*
Sampling location			
Shelter	4.6	4.2	2.1
Soup kitchen	4.1	4.7	5.4
Encampment cluster	4.5	4.2	3.8
Street	11.9*	9.6*	6.6*

*Low precision.

-- Not applicable.

¹See Table 4.9 for main estimates and definitions and Table 4.9P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

**Table 4.10SE Standard Errors for Table 4.10: Alcohol Use Prevalence,
by Patterns of Homelessness and Time Period**

Patterns of Homelessness¹	Time Period of Alcohol Use (% SE)			Heavy Alcohol Use SE
	Lifetime SE	Past Year SE	Past Month SE	
Total unweighted (n)	(907)	(900)	(900)	(881)
Total	1.2	1.7	2.9	2.1
Stage of homelessness				
Newly homeless	1.8	3.4	5.1	5.3
Chronically homeless	1.6	3.6	5.9	4.5
Intermittently homeless	1.6	2.0	3.6	4.2
At risk of homelessness	5.1*	5.4*	6.5*	5.7
Past month service use				
Any service	1.3	1.8	3.0	2.0
Shelter only	2.6	4.5	6.4*	4.2
Soup kitchen only	3.8	4.9	6.4*	5.1
Shelter and soup kitchen	0.9	1.7	2.9	3.3
None	5.7*	6.5*	7.8*	23.7*
Sampling location				
Shelter	1.4	2.6	4.8	2.6
Soup kitchen	1.8	2.3	3.6	3.4
Encampment cluster	1.1	2.4	3.5	4.2
Street	2.2*	3.2	3.7	8.4*

*Low precision.
-- Not applicable.

¹See Table 4.10 for main estimates and definitions and Table 4.10P in Appendix C for pairwise z-tests.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.1SE Standard Errors for Table 5.1: Major Patterns of Illicit Drug Use During the Lifetime, Past Year, and Past Month

Patterns of Illicit Drug Use ¹						Period of Illicit Drug Use		
						Lifetime SE	Past Year SE	Past Month SE
Total unweighted (n)						(906)	(906)	(906)
Any illicit drug use						2.4	3.2	3.7
Major patterns of drug use								
Heroin	Cocaine	Psycho.	Other	Marij.		1.9	0.8	--
Heroin	Cocaine	Psycho.	-	Marij.		0.5	0.8	--
Heroin	Cocaine	-	Other	Marij.		1.2	--	--
Heroin	Cocaine	Psycho.	-	-		--	0.3	--
Heroin	Cocaine	-	-	Marij.		0.5	0.7	--
Heroin	Cocaine	-	-	-		--	0.5	0.4
-	Cocaine	Psycho.	Other	Marij.		1.8	--	--
-	Cocaine	Psycho.	-	Marij.		0.8	1.3	--
-	Cocaine	-	Other	Marij.		2.1	0.7	--
-	Cocaine	-	-	Marij.		1.6	2.1	2.1
-	Cocaine	-	-	-		0.6	1.6	2.2
-	-	Psycho.	Other	Marij.		0.5	--	--
-	-	Psycho.	-	Marij.		0.9	0.4	--
-	-	Psycho.	-	-		--	0.3	--
-	-	-	Other	Marij.		0.5	--	--
-	-	-	Other	-		1.2	--	--
-	-	-	-	Marij.		1.5	1.3	1.2
All other patterns of drug use						0.8	1.3	1.6
No drug use						2.4	3.4	3.7

-- Not applicable for time period (not observed or estimate was less than 1%).

¹See Table 5.1 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.2SE Standard Errors for Table 5.2: Distribution of Demographic Characteristics of the DC MSA Homeless and Transient Population, by Overall Illicit Drug Use Pattern

Demographic Characteristic ¹	Current Drug Users		Past Drug Users		Non-Users of Drugs		Total	
	(n)	SE	(n)	SE	(n)	SE	(n)	SE
Sex								
Male	(207)	3.6	(273)	4.0	(126)	5.8	(606)	2.8
Female	(32)	3.6	(168)	4.0	(101)	5.8	(301)	2.8
Age group								
12-25 years	(28)	2.3	(71)	3.3	(60)	3.4	(159)	2.0
26-34 years	(102)	5.6	(178)	4.0	(39)	3.3	(319)	3.1
35+ years	(109)	5.0	(192)	4.1	(128)	4.2	(429)	3.1
Race/ethnicity								
White	(39)	3.1	(85)	2.6	(69)	5.2	(193)	2.6
Black	(187)	3.9	(320)	3.1	(125)	5.8	(632)	3.1
Hispanic	(6)	1.8	(23)	1.6	(24)	5.0*	(53)	1.5
Marital status								
Single	(134)	4.1	(242)	3.6	(126)	3.7	(502)	2.4
Marriedd	(21)	2.7	(43)	1.4	(24)	3.4	(88)	1.4
Divorced/widowed	(79)	5.4	(146)	3.1	(72)	4.2	(297)	2.5
Location								
DC	(192)	7.0*	(252)	5.4	(111)	6.4*	(555)	5.1
Maryland	(29)	6.9*	(70)	4.2	(44)	4.8*	(143)	4.3
Virginia	(18)	1.7	(119)	4.1	(72)	5.8	(209)	3.4
Adult education								
Less than high school	(96)	6.0	(162)	4.0	(102)	5.6	(360)	3.2
High school graduate	(86)	4.0	(188)	4.0	(78)	6.0	(352)	2.4
Any college	(54)	5.1	(84)	3.4	(34)	4.4	(172)	2.4
Current employment								
Full-time	(49)	4.2	(81)	4.4	(37)	4.4	(167)	2.5
Part-time	(30)	3.9	(53)	2.2	(26)	2.2	(109)	1.5
Unemployed	(128)	5.0	(225)	3.9	(97)	5.6	(450)	2.7
Other	(21)	2.2	(72)	2.3	(54)	4.6	(147)	1.9
Total population								
[row % SE]	(239)	[3.7]	(441)	[3.1]	(227)	[2.4]	(908)	[--]

*Low precision.

-- Not applicable.

¹See Table 5.2 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.3SE Standard Errors for Table 5.3: Distribution of Homelessness Patterns, by Overall Illicit Drug Use Pattern

Demographic Characteristic ¹	Current Drug Users		Past Drug Users		Non-Users of Drugs		Total	
	(n)	SE	(n)	SE	(n)	SE	(n)	SE
Stage of homelessness								
Newly homeless	(34)	3.5	(114)	2.5	(72)	3.0	(220)	2.1
Chronically homeless	(52)	3.9	(94)	3.4	(57)	5.1	(203)	2.6
Intermittently homeless	(135)	4.4	(195)	3.8	(72)	4.3	(402)	2.6
At risk of homelessness	(18)	5.3	(38)	4.0	(26)	5.7	(82)	3.2
Past month service use								
Any service	(227)	0.5	(431)	2.0*	(213)	2.7*	(871)	1.1
Shelter only	(26)	2.3	(176)	4.2	(107)	4.1	(309)	2.7
Soup kitchen only	(48)	5.9	(75)	5.4	(46)	5.4	(169)	3.5
Shelter and soup kitchen	(153)	5.3	(180)	5.3	(60)	5.2	(393)	5.3
None	(12)	0.5	(10)	2.0*	(14)	2.7*	(36)	1.1
Adjusted sampling location								
Shelter	(52)	3.7	(94)	4.6	(57)	5.1	(476)	2.9
Soup kitchen	(135)	5.1	(195)	4.5	(72)	5.1	(224)	3.3
Encampment cluster	(18)	0.8	(18)	0.6	(26)	1.0	(143)	0.4
Street	(34)	3.3*	(114)	3.7	(72)	2.8	(64)	2.2
Total population								
[row % SE]	(239)	[3.7]	(441)	[3.1]	(227)	[2.4]	(908)	[--]

*Low precision.

-- Not applicable.

¹See Table 5.3 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.4SE Standard Errors for Table 5.4: Average Age of First Using Illicit Drugs, Alcohol, and/or Cigarettes, by Age at First Homeless Episode

Substance ¹	Age First Homeless						Never Homeless		Total Population	
	Under 26		26-34		35+		Homeless		Population	
	(n)	SE	(n)	SE	(n)	SE	(n)	SE	(n)	SE
Any illicit drug	(248)	0.5	(227)	0.6	(177)	0.8	(14)	0.8	(666)	0.4
Marijuana/hashish	(229)	0.6	(214)	0.6	(161)	0.7	(14)	0.8	(618)	0.4
Crack	(162)	0.6	(158)	0.5	(114)	0.8	(5)	2.6	(439)	0.6
Other cocaine	(155)	0.6	(155)	1.0	(107)	1.0	(6)	0.6	(423)	0.6
Inhalants	(67)	0.7	(49)	1.0	(40)	2.7	(3)	1.7	(159)	0.8
Hallucinogens	(146)	0.7	(125)	0.9	(85)	1.5	(7)	1.0	(363)	0.5
Heroin	(67)	1.0	(69)	0.9	(76)	1.1	(1)	†	(213)	0.5
Alcohol	(293)	0.4	(258)	0.5	(246)	0.4	(22)	1.1	(819)	0.2
Cigarettes	(280)	0.4	(247)	0.3	(229)	0.4	(23)	0.7	(779)	0.3
Total population										
[row % SE]	(327)	[2.8]	(274)	[2.5]	(260)	[3.1]	(32)	[1.8]	(908)	[--]

-- Not applicable.

† Estimate suppressed because there was only one respondent.

¹ See Table 5.4 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.5SE Standard Errors for Table 5.5a: Prevalence and Estimated Number of Injection Drug Users and Needle Use Risk Behaviors in the DC MSA Homeless and Transient Population

Needle Use/ Drugs Injected¹	Homeless Population	
	Percent SE	Population Size SE
Total unweighted (n)	(852)	(852)
Period of any needle use		
Lifetime	3.0	377
Past year	2.9	335
Past month	1.5	155
Total unweighted (n)	(873)	(873)
Risk behavior		
Use of old needles	3.0	310
Giving needles to others	3.0	310
Using a shooting gallery	1.2	124
Number of people shared needles with in past year		
Any	2.2	227
1	0.5	52
2+	2.2	227
None	2.2	227
Cleaning with alcohol/bleach in past year	1.8	186

-- Not applicable.

¹See Table 5.5 for main estimates and definitions.

Sources: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.6SE Standard Errors for Table 5.6: Location and Types of People Present During Drug Use for Lifetime Needle Users, Illicit Drug Users, and the Total Homeless and Transient Population

Context of Illicit Drug Use ¹	Percentage in Past Year		
	Lifetime Injecting Drug Users SE	Lifetime Drug Users SE	Total Population SE
Total unweighted (n)	(175)	(631)	(857)
Location			
Your home	4.8	3.2	2.7
Someone else's home	5.2	3.5	3.6
Party	4.0	3.2	2.7
Shooting gallery	6.2	2.2	1.8
Open place (park, street, vacant building or car)	4.1	4.3	3.7
Other	3.4	2.8	2.2
People present			
Alone	5.9	3.8	3.0
Sexual partner	7.8*	4.1	3.8
Family	4.1	2.5	2.1
Friends	6.0	3.8	3.5
Running/walking partner	5.7	3.9	3.4
Other	3.4	3.1	2.6
Total population [row % SE]	[3.0]	[2.4]	[--]

*Low precision.

-- Not applicable.

¹See Table 5.6 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.7SE Standard Errors for Table 5.7: Any Illicit Drug Use Prevalence Among the DC MSA Homeless and Transient Population, by Characteristic and Type of Institution and Time Period

Type of Institution Characteristic ¹	Period of Illicit Drug Use in Shelters			Period of Illicit Drug Use in Soup Kitchens		
	(n)	Lifetime SE	Past Year SE	Past Month SE	Lifetime SE	Past Year SE
Clientele						
Men	(256)	5.6	6.4*	3.3	--	--
Women	(175)	5.1	5.0	3.1	--	--
Families	(206)	3.3	6.0	3.0	--	--
Bed/meal size						
0-100	(363)	2.7	4.0	3.0	4.5	5.1
101+	(113)	7.6*	8.6*	4.0	2.5	4.1
Occupancy						
0-75%	(207)	4.0	4.6	5.1*	4.3	7.0*
76%+	(254)	5.5	6.2	2.9	2.7	4.4

*Low precision.

-- Not applicable.

¹See Table 5.7 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 5.8SE Standard Errors for Table 5.8: Perceived Risks of Various Frequencies of Using Drugs and Alcohol Among the DC MSA Homeless and Transient Population

Activity/Frequency¹	SE for Level of Risk (Row % SE)				
	(n)	None	Slight	Moderate	Great
Using marijuana					
Regularly	(890)	1.4	2.1	1.7	2.8
Occasionally	(891)	2.1	2.3	2.2	2.3
Trying once or twice	(888)	3.0	2.3	2.2	2.0
Using "crack"					
Regularly	(885)	0.6	0.8	0.7	1.1
Occasionally	(883)	0.7	1.2	2.4	2.9
Using cocaine					
Regularly	(884)	0.3	0.8	1.6	1.8
Occasionally	(883)	0.5	1.6	3.2	3.5
Trying once or twice	(878)	1.3	2.1	2.0	2.9
Having four or five drinks					
Nearly every day	(892)	1.2	2.2	2.4	3.0
Once or twice a week	(892)	1.9	2.8	2.7	2.8
Having one or two drinks					
Nearly every day	(887)	1.0	1.6	2.7	3.1
Selling drugs	(892)	1.0	0.2	0.9	1.4

¹See Table 5.8 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.1SE Standard Errors for Table 6.1: Drug-Associated Problems During the Past Year, by Illicit Drug Use and Overall for the DC MSA Homeless and Transient Population

Drug-Associated Problem During Past Year¹	Current Drug Users SE	Past Drug Users SE	Total Homeless Population SE
Total unweighted (n)	(237)	(433)	(897)
Specific problems			
Became depressed or lost interest in things	4.0	4.7	3.6
Had arguments and fights with family or friends	4.8	3.6	3.2
Got less work done than usual at school or work	4.0	3.5	2.8
Found it difficult to think clearly	6.7*	4.0	3.1
Felt nervous and anxious	3.9	4.0	3.1
Had to get emergency medical help	2.6	3.6	1.7
Any problems	2.4	4.8	3.5
1-2	3.2	3.5	1.9
3-4	4.3	3.5	2.7
5-6	5.0	3.4	2.4
No problems	2.4	4.8	3.5
Total population [row % SE]	[3.7]	[3.1]	[--]
Total population (n)	(239)	(441)	(908)

*Low precision.

-- Not applicable.

¹See Table 6.1 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.2SE Standard Errors for Table 6.2a: Alcohol-Associated Problems During the Past Year, by Illicit Drug Use and by Heavy Alcohol Use and Overall for the DC MSA Homeless and Transient Population

Alcohol-Associated Problem During Past Year ¹	Illicit Drug Use			Alcohol Use		
	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Heavy Alcohol Users SE	Other Alcohol Users SE	Total Homeless Population SE
Total unweighted (n)	(238)	(412)	(203)	(282)	(507)	(853)
Specific problems						
Aggressive or mad while drinking	4.8	5.2	3.6			
High or a little drunk on job or at school	4.6	3.8	2.5	5.5	4.2	4.1
Told to cut down on drinking by family member, other relatives, or friends	4.0	3.9	4.4	5.7	2.9	2.6
Tossed down drinks fast to get quicker effect				3.6	3.7	3.0
Afraid might be or become an alcoholic	4.8	4.3	3.5			
Awakened unable to remember things done while drinking the day before	5.4	3.6	5.1	5.0	4.4	3.3
Had quick drink or so when no one was looking	4.5	4.7	4.3	4.1	3.5	2.8
Had hands shake a lot after drinking the day before	4.7	3.8	4.6	4.5	4.4	3.2
Sometimes gotten high or a little drunk drinking alone	3.5	3.3	3.1	4.9	4.0	3.0
	3.6	4.5	4.4	5.6	2.4	2.4
				3.6	4.0	3.3
Any problems	2.7	4.1	5.4	1.4*	3.9	3.1
1-3	3.1	2.0	3.4	2.6	2.4	1.7
4-6	5.4	2.6	4.2	6.0	3.2	2.5
7-9	4.2	4.3	2.9	6.4	3.0	2.8
No problems	2.7	4.1	5.4	1.4*	3.9	3.1
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[2.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(190)	(653)	(908)

*Low precision.

-- Not applicable.

¹See Table 6.2 for main estimates and definitions.

Table 6.3SE Standard Errors for Table 6.3: Substance Abuse Treatment History Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Pattern of Alcohol and/or Drug Treatment¹	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Total SE
Total unweighted (n)	(224)	(439)	(220)	(900)
Treatment participation				
Lifetime	3.9	4.2	5.6	3.0
Past year	5.2	3.4	3.6	2.9
Past month	4.7	2.8	1.6	2.2
Substance abuse treatment				
Never	4.0	4.2	5.6	3.0
1-3 times	5.1	4.3	5.6	2.9
More than 3 times	4.4	2.4	0.5*	1.9
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.

-- Not applicable.

¹See Table 6.3 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.4SE Standard Errors for Table 6.4: Characteristics of the Last Treatment Episode for People with Lifetime Treatment Histories Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Last Treatment Episode¹	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Total SE
Total unweighted (n)	(140)	(129)	(112)	(381)
Type of treatment				
Alcohol only	2.7	6.2	.*	3.9
Drug use only	7.1*	5.9	--	4.9
Both	7.7*	5.4	--	4.2
Length of treatment				
0-30 days	6.9*	6.4*	8.8*	3.8
1-6 months	6.4	6.6*	8.2*	4.2
6+ months	4.4	3.8	9.0*	2.8
Reason for leaving treatment				
Still in treatment	3.6	6.1	4.6*	3.7
Successful termination	5.8	6.5*	7.6*	4.2
Problem with program	2.5	2.0	4.6*	1.5
Relapse	5.0	3.3*	7.1*	2.8
Other	5.6*	3.7*	6.4*	3.8

*Low precision.

.*Rounds to zero.

-- Not applicable.

¹See Table 6.4 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.5SE Standard Errors for Table 6.5: Mental Health Problems and Mental Health Treatment Histories Among the DC MSA Homeless and Transient Population, by Illicit Drug Use and Time Period

Problems/Histories ¹	Current Drug Users			Past Drug Users			Nonusers of Drugs			Total	
	Lifetime SE	Past Month SE	(237)	Lifetime SE	Past Month SE	(437)	Lifetime SE	Past Month SE	(227)	Lifetime SE	Past Month SE
Total unweighted (n)	(237)	(237)	(237)	(437)	(437)	(437)	(227)	(227)	(227)	(900)	(900)
Problems											
Serious depression	4.6	5.5		3.6	4.0		4.8	3.6		2.7	3.0
Serious anxiety/tension	5.0	5.1		4.6	4.0		5.0	4.4		2.8	2.7
Hallucination	4.4	2.1		3.8	2.3		3.4	2.8		2.4	1.4
Trouble understanding/ concentrating/ remembering	4.9	4.2		4.5	4.5		3.7	3.4		2.9	2.6
Trouble controlling self/ thoughts	3.3	3.8		4.1	3.9		3.4	2.6		2.6	2.4
Arguing/fighting with others	4.2	4.9		3.2	3.2		6.0	4.3		2.5	2.3
Suspicion/distrust of other people	4.1	4.8		3.6	3.8		4.6	4.2		2.5	2.3
Suicidal thoughts	4.9	3.2		4.0	3.5		2.2	2.0		2.7	2.2
Suicide attempts	3.3	1.2*		2.8	2.3*		0.8	0.2*		1.8	1.1
Any problem	3.5	3.9		1.4	3.0		4.9	4.9		1.6	1.7
1-3 problems	4.1	4.3		4.4	4.5		5.0	4.8		3.1	2.5
4-6 problems	4.1	3.9		3.9	3.8		3.1	3.1		2.9	2.1
7-9 problems	3.8	2.2		3.6	2.6		1.4	0.6		2.2	1.4
No problems	3.5	3.9		1.4	3.0		4.9	4.9		1.6	1.7
Any mental health treatment history											
Inpatient	4.7	3.4		4.1	1.0		3.9	1.1		2.8	1.2
Outpatient	4.5	0.2*		2.6	0.3		3.2	**		2.2	0.2
Prescribed medication	3.8	3.5		3.8	1.0		3.4	1.1		2.3	1.3
	4.4	**		3.6	*		2.6	**		2.4	**
Total population [row % SE]	[3.7]	[3.7]	(239)	[3.1]	[3.1]	(441)	[2.4]	[2.4]	(227)	[--]	(908)
Total population (n)	(239)	(239)	(239)	(441)	(441)	(441)	(227)	(227)	(227)	(908)	(908)

*Low precision.

**Rounds to zero.

-- Not applicable.

¹See Table 6.5 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.6SE Standard Errors for Table 6.6: Co-occurrence of Current Drug Use, Heavy Alcohol Use, and Mental Health Treatment History Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Pattern of Problems ¹			Illicit Drug Use Pattern			Total SE
			Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	
Current Drug User	Heavy Alcohol User	Mental Health History				
Total unweighted (n)			(225)	(423)	(217)	(865)
CDU	--	--	4.2	--	--	1.4
--	HAU	--	--	2.6	3.0	1.3
--	--	MHH	--	3.3	3.6	1.7
CDU	HAU	--	4.1	--	--	1.8
CDU	--	MHH	5.2	--	--	2.1
--	HAU	MHH	--	2.6	2.5*	1.3
CDU	HAU	MHH	3.6	--	--	1.1
Any current drug use (CDU)			--	--	--	3.7
Any heavy alcohol use (HAU)			--	--	--	2.1
Any mental health history (MHH)			4.7	4.1	3.9	1.2
Any of above problems			--	4.0	5.0	2.7
Any problem (n)			(239)	(437)	(227)	(908)

*Low precision.

-- Not applicable.

¹See Table 6.6 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.7SE Standard Errors for Table 6.7: Primary Care Problems During the Past Year Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Medical Conditions in the Past Year¹	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Total SE
Total unweighted (n)	(236)	(440)	(227)	(903)
Any drug-related illness	4.5	2.2	0.9	1.9
AIDS/ARC/HIV	1.9	0.6	**.	0.8
Other STDs	3.8	2.0	0.8	1.6
Tuberculosis	1.5*	0.4	0.4*	0.5
Hepatitis/yellow jaundice	1.6	1.1	0.2*	0.7
Pregnancy	6.7*	4.0	4.4	2.9
Any other primary care problems	3.8	2.7	5.1	2.1
Respiratory	4.6	3.7	5.0	2.2
Heart/circulatory	3.9	3.6	4.6	2.1
Digestive	3.7	2.5	3.9	1.8
Bone/muscle	3.5	3.0	4.7	1.9
Neurological	3.4	2.1	3.6	1.7
Skin ulcers/rashes	2.8	3.1	2.5	1.7
Any preceding medical conditions	3.6	2.6	5.0	2.0
1-3	3.4	3.0	5.2	1.9
4+	2.2	2.2	2.6	1.2
No conditions	3.6	2.6	5.0	2.0
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.

**.Rounds to zero.

-- Not applicable.

¹See Table 6.7 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.8SE Standard Errors for Table 6.8: Primary Care Insurance Coverage and Treatment Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Pattern of Treatment ¹	Current Drug Users SE	Past Drug Users SE	Non- users of Drugs SE	Total SE
Total unweighted (n)	(232)	(437)	(223)	(892)
Any insurance coverage	4.4	4.4	5.2	2.7
Public	3.5	4.0	4.7	2.4
Covers drug treatment	3.1	1.7	3.6	1.6
Private	2.7*	1.5	1.7	1.2
Covers drug treatment	0.4*	1.4	1.6*	0.8
Any hospitalization	4.4	2.4	5.5	2.2
Past year	3.2	3.7	3.9	2.4
Past month	1.8	1.2	1.4	1.0
Any emergency room use	2.9	2.9	4.4	2.1
Past year	5.1	4.0	4.7	3.0
Alcohol-related	2.5	2.3	2.4	1.6
Drug-related	2.5	1.1	--	1.0
Both	1.8	0.6	--	0.8
Past month	2.7	1.9	1.9	1.4
Any outpatient treatment	**.	**.	**..	**..
Past year	4.1	4.1	5.8	2.8
Past month	4.1	4.1	4.7	2.6
Location of last past year visit				
Any doctor visit	4.2	4.2	6.5*	3.0
Private doctor/health clinic	4.4	4.2	3.8	3.0
Outpatient clinic	2.5	3.0	3.1	1.9
Public community health clinic	4.1	2.7	4.9	2.3
Shelter clinic/mobile outreach	2.6	2.9	2.1	1.8
Other	1.5	1.9	2.5*	1.2
No visit	4.2	4.2	6.5*	3.0
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.
*.Rounds to zero.
-- Not applicable.

¹See Table 6.8 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.9SE Standard Errors for Table 6.9: Illegal Activity and Arrest Rate for Criminal Offenses in the Lifetime Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Illegal Activity ¹	Current Drug Users		Past Drug Users		Nonusers of Drugs		Total	
	Committed SE	Arrested SE	Committed SE	Arrested SE	Committed SE	Arrested SE	Committed SE	Arrested SE
Total unweighted (n)	(236)	(236)	(436)	(436)	(226)	(226)	(899)	(899)
Drug manufacture/sale or distribution	6.4*	3.7	3.5	3.0	0.4*	**	3.0	1.7
Property offense such as burglary, larceny, or theft	5.5	3.4	3.9	2.9	2.8	2.8	3.2	1.9
Robbery, mugging, or purse snatching with force	4.2	2.7	2.5	1.9	2.3*	2.3*	1.9	1.2
Violent offense such as assault, kidnapping, rape, manslaughter, or homicide	2.7	2.0	3.3	2.8	1.8	1.8	1.8	1.5
Any criminal activity	5.1	4.0	4.8	4.1	4.8	4.8*	3.2	2.4
Total population [row % SE]	[3.7]	[3.7]	[3.1]	[3.1]	[2.4]	[2.4]	[--]	[--]
Total population (n)	(239)	(239)	(441)	(441)	(227)	(227)	(908)	(908)

*Low precision.

**Rounds to zero.

¹See Table 6.9 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.10SE Standard Errors for Table 6.10: Selected Illegal Activities and Arrests in the Past Year Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Illegal Activities/Arrests During the Past Year¹	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Total SE
Total unweighted (n)	(236)	(440)	(226)	(902)
Drug related criminal activities	5.2	3.7	2.9	3.6
Driving under the influence	6.8*	3.9	2.9	3.4
Selling drugs	4.8	2.6	0.2*	2.1
Trading sex for drugs	5.1	1.9	.*	2.4
Receiving drugs in exchange for making/distributing them	4.9	2.1	.*	2.4
Trading sex for shelter or food	2.3	0.7	0.2*	0.9
Any arrests	6.0	5.4	3.5	3.8
1	6.5*	3.4	3.6	3.3
2+	4.8	3.4	2.5	2.3
No arrests	6.0	5.4	3.5	3.8
Currently on probation/parole	3.3	1.6	1.1	1.4
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.

.*Rounds to zero.

-- Not applicable.

¹See Table 6.10 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.11SE Standard Errors for Table 6.11: Employment History Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Employment History¹	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Total SE
Total unweighted (n)	(226)	(434)	(226)	(896)
Recency of employment				
Ever	0.2*	0.4	1.9	0.4
Past year	5.2	3.7	5.4	2.7
Past month	4.9	3.8	4.7	2.9
Last occupation				
Professional/technical	2.4	1.6	1.8	1.1
Sales	0.7	2.4	2.6	1.4
Clerical/office	2.9	1.3	1.5	1.4
Craft/skilled labor	4.1	3.6	2.5	2.3
Machine/transportation operative	2.2	1.1	2.8	1.0
Nonfarm laborer	3.9	3.3	3.9	2.3
Service worker	4.5	3.3	6.2	2.9
Farm owner/manager/laborer	1.1	1.5*	**	0.8
Military service	**	0.2	**	0.1
Other	2.7*	1.0	3.0	1.2
Never worked	0.2*	0.4	1.9	0.4
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.

**Rounds to zero.

-- Not applicable.

¹See Table 6.11 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.12SE Standard Errors for Table 6.12: Employment Patterns During the Past Year Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Pattern of Treatment¹	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Total SE
Total unweighted (n)	(235)	(428)	(224)	(887)
Number of jobs	5.2	3.7	5.4	2.7
1-3 jobs	4.2	3.3	4.7	2.4
More than 3	3.3	2.1	2.4	1.7
No jobs	5.2	3.7	5.4	2.7
Any weeks worked	5.2	3.9	5.5	2.8
1-13 weeks	4.9*	2.5	3.9	2.3
14-26 weeks	3.4	3.2	2.9	1.7
27-39 weeks	2.6	1.9	2.0	1.4
40-52 weeks	4.1	3.5	3.8	2.6
No weeks	5.2	3.9	5.5	2.8
Any hours per week in past month	4.9	3.8	4.7	2.9
1-34 hours	4.3	2.3	3.7	1.9
35+ hours	3.7	4.5	3.2	2.6
No hours	4.9	3.8	4.7	2.9
Current work situation				
Working full-time (35+ hr/wk)	4.1	4.4	3.9	2.5
Working part-time	3.9	2.2	2.0	1.5
Unemployed and looking for work	4.8	4.5	5.6	2.6
Unemployed and not looking for work	3.4	2.5	1.7	1.9
In school only	0.3*	0.7	0.9	0.4
Retired	**	**	0.9	0.2
Disable, not able to work	1.7	1.7	4.5	1.5
Other	1.6	1.5	2.6	1.0
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.

*,*Rounds to zero.

-- Not applicable.

¹See Table 6.12 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.13SE Standard Errors for Table 6.13: Income Sources and Entitlement Participation Rates Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Income/Entitlement¹	Current Drug Users SE	Past Drug Users SE	Non-users of Drugs SE	Total SE
Total unweighted (n)	(231)	(430)	(223)	(884)
Lifetime sources of income				
Job or self-employment	3.5	2.7	4.3	2.3
Illegal activity	5.0	3.1	0.6	3.3
SSI-low income	2.5	2.3	3.5	1.6
Retirement benefits	1.8	1.4	2.7	1.0
Veterans benefits	1.0	1.2	1.1	0.8
Unemployment/disability	3.9	3.7	3.6	2.2
AFDC/food stamps	4.3	4.1	5.9	3.2
General assistance	2.5	3.0	4.3	2.1
Other public assistance	1.4	0.9	1.8	0.8
Spouse/family	4.0	3.3	4.0	2.6
Strangers/passers-by	4.8	2.9	1.7	2.1
Other	3.3*	1.8	2.0	1.3
Any loss/denial of benefits since homeless				
AFDC	3.8	2.5	4.0	2.1
Food stamps	1.0	2.4	0.8	1.1
Public/general assistance	3.6	2.2	3.0	1.8
Medicaid/Medicare	2.1	1.6	3.7	1.3
	1.0	2.3	2.1	1.3
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.

-- Not applicable.

¹See Table 6.13 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 6.14SE Standard Errors for Table 6.14: Mean Income, Expenses, Net Income, and Income Poverty Level in the Past Month Among the DC MSA Homeless and Transient Population, by Illicit Drug Use

Past Month Income/Expenses¹	Current Drug Users SE	Past Drug Users SE	Non- users of Drugs SE	Total SE
Total unweighted (n)	(235)	(435)	(225)	(895)
All income (\$)	50.30	50.52	80.27	33.38
Earned income	43.55	29.74	40.95	23.06
Illegal income	35.25	23.78*	0.25*	18.53
Earned benefits	17.21	14.57	61.85*	15.07
Other entitlements	17.89	15.28	18.69	11.32
Other income	17.39	38.33	5.94	18.56
All expenses (\$)	75.69	26.06	39.51	34.65
Living expenses	22.27	23.06	31.56	18.75
Medical expenses	9.49*	3.23	8.74*	4.98
Alcohol	6.96	4.93	10.82	4.24
Illicit drugs	93.89	3.31*	0.08*	40.88
Other	8.45	5.48	21.08*	5.51
Total net income (\$)	90.33*	48.38	79.40*	44.35
Earned net income	40.57*	22.18	32.16	19.52
Legal net income	52.43	45.79	79.40*	31.34
Illegal net income	77.04	23.51*	0.27*	31.95*
Income poverty level (%)				
Above poverty line	4.4	3.3	3.2	2.4
51%-100%	4.6	3.4	3.3	2.6
26-50%	4.2	2.8	2.9	2.1
0-25%	5.3	3.8	3.9	2.5
Total population [row % SE]	[3.7]	[3.1]	[2.4]	[--]
Total population (n)	(239)	(441)	(227)	(908)

*Low precision.

-- Not applicable.

¹See Table 6.14 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 7.1SE Standard Errors for Table 7.1: Overlap with Other DC*MADS Populations in the Lifetime and Past Year, by Sample Type and Overall

Population¹	Shelter SE	Soup Kitchen SE	Encampment Cluster SE	Street SE	Total (n) SE	
Total unweighted (n)	(477)	(224)	(143)	(64)	(908)	(--)
Household						
Lifetime	0.4*	1.5	3.4	16.3*	(891)	2.1
Past year	5.2	4.3	4.3	12.9*	(889)	3.3
Group quarters						
Lifetime	3.6	3.1	3.5	3.3*	(843)	2.3
Past year	1.7	0.7	0.7*	2.0*	(840)	0.7
Institutions						
Any lifetime	1.9	3.3	2.7	2.9*	(908)	2.0
Any past year	4.3	3.7	4.3	8.4*	(908)	2.9
Incarcerated lifetime	4.0	4.2	4.2	9.7*	(843)	2.8
Incarcerated past year	2.5	2.6	3.5	10.7*	(839)	2.2
Other instit. lifetime	1.9	3.3	3.1	3.4	(908)	1.9
Other instit. past year	5.1	3.6	4.2	7.2*	(908)	3.0
Literally homeless						
Lifetime	1.4	4.2	2.7	8.0*	(885)	2.7
Past year	1.7	4.6	3.3	8.8*	(884)	2.9
Drug offenses						
Drug activities lifetime	3.3	4.6	4.2	11.8*	(901)	3.3
Drug activities past year	2.9	5.5	4.1	11.9*	(902)	3.6
School dropout	4.0	4.4	4.0	10.0*	(885)	3.2
Treatment entry						
Lifetime	3.9	4.4	4.2	9.1*	(900)	3.0
Past year	3.7	4.1	3.9	6.6*	(893)	2.9
Pregnant women						
Lifetime	2.7	6.9*	10.0*	10.6*	(297)	2.1
Past year	4.1	4.6*	10.3*	.*	(297)	2.9
Total population						
[row % SE]	[3.6]	[2.7]	[--]	[2.4]	(908)	[--]
Population estimate SE	449	602	--	306	(908)	692
Population (n)	(908)	(908)	(143)	(908)	(908)	(--)

*Low precision.

*.*Rounds to zero.

-- Not applicable.

¹See Table 7.1 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 7.2SE Standard Errors for Table 7.2: Potential for Sampling Members of the Homeless and Transient Population from the Household Frame During the Past Year in the DC MSA

Weeks in the Household Frame¹	Own Household		Friend/Relatives' Household	
	(n)	SE	(n)	SE
Total unweighted (n)	(871)	--	(859)	--
Any weeks	(428)	2.5	(448)	3.8
40-52	(188)	2.0	(106)	1.8
27-39	(62)	1.2	(61)	1.3
14-26	(103)	1.5	(87)	1.8
1-13	(75)	1.6	(194)	2.1
None	(433)	2.5	(411)	3.8

-- Not applicable.

¹See Table 7.2 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 7.3SE Standard Errors for Table 7.3: Rates of Being in Selected McKinney Act Groups Among the DC MSA Homeless and Transient Population, by Sample Type and Overall

Selected McKinney Group ¹	Shelter SE	Soup Kitchen SE	Encampment Cluster SE	Street SE	Total	
					(n)	SE
Total unweighted (n)	(477)	(224)	(143)	(64)	(908)	(--)
Literally homeless	*,*	5.3	*,*	*,*	(908)	3.2
Any McKinney Act group	1.4	1.7	2.0	1.1*	(908)	0.8
Physically ill	2.1	3.3	4.1	10.3*	(902)	2.0
Any alcohol, drugs, or mental problems?	3.2	4.0	11.9*	7.9*	(862)	2.7
Heavy alcohol drinker	2.6	3.4	4.2	8.4*	(881)	2.1
Past month drug user	2.5	5.2	4.1	8.5*	(907)	3.7
Mental illness history	2.4	4.3	4.1	10.1*	(888)	2.8
Unemployed	2.8	3.9	4.7	5.9*	(874)	2.7
Veteran	3.9	3.3	4.1	4.6*	(897)	2.4
Youths	1.6	1.2	1.6	6.8*	(907)	1.2
Family	4.5	3.0	2.2	7.9*	(896)	2.4
Total population [row % SE]	[3.6]	[2.7]	[--]	[2.4]	(908)	[--]
Population estimate SE	449	602	--	306	(908)	692
Population estimate (n)	(908)	(908)	(143)	(908)	(908)	

*Low precision.

*,*Rounds to zero.

¹See Table 7.3 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 7.4SE Standard Errors for Table 7.4: Cumulative Coverage of the Homeless Population and Selected McKinney Act Groups, by Population Segments

Selected McKinney Group ¹	(n)	Any Population Segments from (%):					Total Population Size SE
		Shelter SE	Shelter/ Soup Kitchen SE	Shelter/ Soup Kitchen Encampment/ SE	Shelter/ Soup Kitchen Encampment/ Street SE		
Total homeless and transient population	(908)	3.6	1.6	1.6	--		692
Literally homeless	(826)	3.4	1.9	1.9	--		605
Any McKinney target group	(873)	3.6	1.6	1.6	--		692
Physically ill	(662)	3.6	1.7	1.7	--		494
Any alcohol, drug, or mental problems?	(451)	4.4	2.2	2.2	--		474
Heavy alcohol drinker	(190)	5.3	4.2	4.2	--		282
Past month drug user	(239)	5.1	1.2	1.2	--		517
Mental illness history	(236)	6.1*	3.5*	3.5*	--		362
Unemployed	(451)	4.6	2.7	2.7	--		537
Veteran	(189)	6.7*	1.4	1.3	--		291
Youth	(71)	11.1*	11.3*	11.4*	--		111
Family	(246)	5.5	3.9*	3.9*	--		246

-- Not applicable.

*Low precision.

¹See Table 7.4 for main estimates and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Appendix C

Tests of Homelessness and Demographic Correlates

CONTENTS

Note: See Section 2.4 for definitions and Appendix A for a description of the analyses presented in this section.

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Table 4.3P Pairwise Tests of Significance for Table 4.5: Any Illicit Drug Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Sex						
ANYFLAG	Male vs. female	0.12276	0.048120	2.55109	0.01074	*
ANYYR	Male vs. female	0.23794	0.066487	3.57872	0.00035	*
ANYMON	Male vs. female	0.17282	0.060750	2.84469	0.00445	*
Age group						
ANYFLAG	12-25 vs. 26-34	-0.15654	0.054385	2.87828	0.00400	*
ANYFLAG	12-25 vs. 35+	0.02385	0.056496	0.42208	0.67297	
ANYFLAG	26-34 vs. 35+	0.18038	0.036723	4.91196	0.00000	*
ANYYR	12-25 vs. 26-34	-0.24542	0.078976	3.10759	0.00189	*
ANYYR	12-25 vs. 35+	-0.07082	0.076191	0.92946	0.35265	
ANYYR	26-34 vs. 35+	0.17461	0.052483	3.32693	0.00088	*
ANYMON	12-25 vs. 26-34	-0.22677	0.066627	3.40360	0.00067	*
ANYMON	12-25 vs. 35+	-0.09637	0.061994	1.55455	0.12005	
ANYMON	26-34 vs. 35+	0.13040	0.057278	2.27659	0.02281	*
Race/ethnicity						
ANYFLAG	White vs. black	-0.18745	0.05225	3.58741	0.00033	*
ANYFLAG	White vs. Hispanic	0.13912	0.12585	1.10544	0.26897	
ANYFLAG	Black vs. Hispanic	0.32657	0.11741	2.78154	0.00541	*
ANYYR	White vs. black	-0.21895	0.06492	3.37238	0.00075	*
ANYYR	White vs. Hispanic	0.15005	0.12109	1.23910	0.21531	
ANYYR	Black vs. Hispanic	0.36900	0.11063	3.33531	0.00085	*
ANYMON	White vs. black	-0.09454	0.06658	1.42005	0.15559	
ANYMON	White vs. Hispanic	0.10587	0.12048	0.87873	0.37955	
ANYMON	Black vs. Hispanic	0.20041	0.10977	1.82573	0.06789	
Marital status						
ANYFLAG	Single vs. married	0.12734	0.08070	1.57784	0.11460	
ANYFLAG	Single vs. div/wid	0.07590	0.04173	1.81890	0.06893	
ANYFLAG	Married vs. div/wid	-0.05144	0.08923	0.57645	0.56431	
ANYYR	Single vs. married	0.06909	0.08954	0.77160	0.44035	
ANYYR	Single vs. div/wid	0.02726	0.05502	0.49541	0.62031	
ANYYR	Married vs. div/wid	-0.04183	0.10737	0.38955	0.69687	
ANYMON	Single vs. married	0.02561	0.09229	0.27748	0.78141	
ANYMON	Single vs. div/wid	0.01574	0.06235	0.25251	0.80065	
ANYMON	Married vs. div/wid	-0.00987	0.11197	0.08813	0.92978	
Location						
ANYFLAG	DC vs. Maryland	0.02533	0.07211	0.35122	0.72542	
ANYFLAG	DC vs. Virginia	0.21269	0.04238	5.01883	0.00000	*
ANYFLAG	Maryland vs. Virginia	0.18736	0.07420	2.52498	0.01157	*
ANYYR	DC vs. Maryland	0.02809	0.07031	0.39953	0.68950	
ANYYR	DC vs. Virginia	0.27887	0.07611	3.66412	0.00025	*
ANYYR	Maryland vs. Virginia	0.25078	0.08408	2.98276	0.00286	*
ANYMON	DC vs. Maryland	0.03237	0.10386	0.31170	0.75527	
ANYMON	DC vs. Virginia	0.29322	0.05250	5.58537	0.00000	*
ANYMON	Maryland vs. Virginia	0.26085	0.09501	2.74543	0.00604	*

See notes at end of table.

(continued)

Table 4.3P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Adult education						
ANYFLAG	LT H.S. vs. H.S. grad	-0.08504	0.049035	1.73437	0.08285	
ANYFLAG	LT H.S. vs. any coll.	-0.04114	0.057080	0.72078	0.47104	
ANYFLAG	H.S. grad vs. any coll.	0.04390	0.062919	0.69775	0.48533	
ANYYYR	LT H.S. vs. H.S. grad	-0.04418	0.066321	0.66618	0.50530	
ANYYYR	LT H.S. vs. any coll.	-0.00438	0.075806	0.05773	0.95397	
ANYYYR	H.S. grad vs. any coll.	0.03981	0.074935	0.53120	0.59528	
ANYMON	LT H.S. vs. H.S. grad	0.06381	0.059455	1.07328	0.28315	
ANYMON	LT H.S. vs. any coll.	-0.00819	0.088256	0.09282	0.92605	
ANYMON	H.S. grad vs. any coll.	-0.07200	0.078084	0.92212	0.35646	
Current employment						
ANYFLAG	Full-time vs. part-time	-0.04115	0.05818	0.70734	0.47936	
ANYFLAG	Full-time vs. unemploy.	-0.02507	0.05473	0.45803	0.64693	
ANYFLAG	Full-time vs. other	0.18926	0.07650	2.47414	0.01336	*
ANYFLAG	Part-time vs. unemploy.	0.01608	0.04868	0.33033	0.74115	
ANYFLAG	Part-time vs. other	0.23041	0.08108	2.84169	0.00449	*
ANYFLAG	Unemploy. vs. other	0.21433	0.07775	2.75683	0.00584	*
ANYYYR	Full-time vs. part-time	0.04373	0.08931	0.48962	0.62441	
ANYYYR	Full-time vs. unemploy.	0.10569	0.07397	1.42895	0.15302	
ANYYYR	Full-time vs. other	0.20372	0.07902	2.57802	0.00994	*
ANYYYR	Part-time vs. unemploy.	0.06197	0.08136	0.76163	0.44628	
ANYYYR	Part-time vs. other	0.15999	0.10195	1.56924	0.11659	
ANYYYR	Unemploy. vs. other	0.09802	0.07775	1.26075	0.20740	
ANYMON	Full-time vs. part-time	-0.03593	0.12532	0.28670	0.77434	
ANYMON	Full-time vs. unemploy.	0.02570	0.07257	0.35411	0.72326	
ANYMON	Full-time vs. other	0.20891	0.08792	2.37630	0.01749	*
ANYMON	Part-time vs. unemploy.	0.06163	0.09084	0.67841	0.49751	
ANYMON	Part-time vs. other	0.24484	0.10358	2.36384	0.01809	*
ANYMON	Unemploy. vs. other	0.18322	0.06602	2.77534	0.00551	*

¹ANYFLAG is for any illicit drug use in lifetime; ANYYYR is for any illicit drug use in the past year; and ANYMON is for any illicit drug use in the past month.

²See Table 4.3 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.4P Pairwise Tests of Significance for Table 4.4: Marijuana Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Sex						
MRJFLAG	Male vs. female	0.11861	0.055898	2.12194	0.03384	*
MRJYR	Male vs. female	0.17074	0.056710	3.01074	0.00261	*
MRJMON	Male vs. female	0.04955	0.053458	0.92689	0.35398	
Age group						
MRJFLAG	12-25 vs. 26-34	-0.18310	0.060587	3.02216	0.00251	*
MRJFLAG	12-25 vs. 35+	0.01571	0.064108	0.24498	0.80647	
MRJFLAG	26-34 vs. 35+	0.19881	0.041509	4.78954	0.00000	*
MRJYR	12-25 vs. 26-34	-0.18941	0.076868	2.46405	0.01374	*
MRJYR	12-25 vs. 35+	0.00480	0.071131	0.06755	0.94615	
MRJYR	26-34 vs. 35+	0.19421	0.059758	3.24996	0.00115	*
MRJMON	12-25 vs. 26-34	-0.10487	0.062855	1.66842	0.09523	
MRJMON	12-25 vs. 35+	-0.06080	0.047690	1.27482	0.20237	
MRJMON	26-34 vs. 35+	0.04407	0.054570	0.80762	0.41931	
Race/ethnicity						
MRJFLAG	White vs. black	-0.13747	0.05335	2.57666	0.00998	*
MRJFLAG	White vs. Hispanic	0.16929	0.13016	1.30060	0.19339	
MRJFLAG	Black vs. Hispanic	0.30676	0.12248	2.50470	0.01226	*
MRJYR	White vs. black	-0.07355	0.06742	1.09086	0.27533	
MRJYR	White vs. Hispanic	0.10428	0.12036	0.86635	0.38630	
MRJYR	Black vs. Hispanic	0.17782	0.12227	1.45437	0.14584	
MRJMON	White vs. black	-0.01031	0.06308	0.16350	0.87013	
MRJMON	White vs. Hispanic	0.04404	0.11842	0.37187	0.70999	
MRJMON	Black vs. Hispanic	0.05435	0.10745	0.50579	0.61300	
Marital status						
MRJFLAG	Single vs. married	0.17069	0.09174	1.86072	0.06278	
MRJFLAG	Single vs. div/wid	0.09158	0.04533	2.02040	0.04334	*
MRJFLAG	Married vs. div/wid	-0.07911	0.09621	0.82228	0.41092	
MRJYR	Single vs. married	0.18972	0.09990	1.89898	0.05757	
MRJYR	Single vs. div/wid	0.08992	0.06267	1.43468	0.15138	
MRJYR	Married vs. div/wid	-0.09980	0.09844	1.01377	0.31069	
MRJMON	Single vs. married	0.16545	0.05802	2.85178	0.00435	*
MRJMON	Single vs. div/wid	0.08367	0.06032	1.38706	0.16542	
MRJMON	Married vs. div/wid	-0.08179	0.04717	1.73401	0.08292	
Location						
MRJFLAG	DC vs. Maryland	0.01724	0.06912	0.24941	0.80304	
MRJFLAG	DC vs. Virginia	0.19293	0.04358	4.42746	0.00001	*
MRJFLAG	Maryland vs. Virginia	0.17569	0.07185	2.44513	0.01448	*
MRJYR	DC vs. Maryland	0.01441	0.09987	0.14425	0.88530	
MRJYR	DC vs. Virginia	0.22286	0.05081	4.38575	0.00001	*
MRJYR	Maryland vs. Virginia	0.20845	0.09029	2.30861	0.02097	*
MRJMON	DC vs. Maryland	-0.10650	0.11658	0.91355	0.36095	
MRJMON	DC vs. Virginia	0.09842	0.05000	1.96849	0.04901	*
MRJMON	Maryland vs. Virginia	0.20492	0.11155	1.83696	0.06622	

See notes at end of table.

(continued)

Table 4.4P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Adult education						
MRJFLAG	LT H.S. vs. H.S. grad	-0.10699	0.050970	2.09905	0.03581	*
MRJFLAG	LT H.S. vs. any coll.	-0.05274	0.063166	0.83490	0.40377	
MRJFLAG	H.S. grad vs. any coll.	0.05425	0.067282	0.80631	0.42006	
MRJYR	LT H.S. vs. H.S. grad	-0.00513	0.064754	0.07927	0.93682	
MRJYR	LT H.S. vs. any coll.	-0.00541	0.093999	0.05758	0.95408	
MRJYR	H.S. grad vs. any coll.	-0.00028	0.080485	0.00347	0.99723	
MRJMON	LT H.S. vs. H.S. grad	0.04739	0.049565	0.95604	0.33905	
MRJMON	LT H.S. vs. any coll.	-0.01396	0.096557	0.14461	0.88502	
MRJMON	H.S. grad vs. any coll.	-0.06135	0.072262	0.84898	0.39589	
Current employment						
MRJFLAG	Full-time vs. part-time	-0.06342	0.05589	1.13470	0.25650	
MRJFLAG	Full-time vs. unemploy.	0.02272	0.05716	0.39745	0.69103	
MRJFLAG	Full-time vs. other	0.20258	0.07521	2.69354	0.00707	*
MRJFLAG	Part-time vs. unemploy.	0.08614	0.04772	1.80511	0.07106	
MRJFLAG	Part-time vs. other	0.26600	0.07293	3.64716	0.00027	*
MRJFLAG	Unemploy. vs. other	0.17986	0.07968	2.25731	0.02399	*
MRJYR	Full-time vs. part-time	0.09406	0.11011	0.85420	0.39299	
MRJYR	Full-time vs. unemploy.	0.14944	0.07027	2.12677	0.03344	*
MRJYR	Full-time vs. other	0.21935	0.08518	2.57506	0.01002	*
MRJYR	Part-time vs. unemploy.	0.05538	0.10182	0.54392	0.58650	
MRJYR	Part-time vs. other	0.12529	0.11547	1.08502	0.27791	
MRJYR	Unemploy. vs. other	0.06991	0.07409	0.94355	0.34540	
MRJMON	Full-time vs. part-time	0.13466	0.07726	1.74311	0.08131	
MRJMON	Full-time vs. unemploy.	0.07590	0.06756	1.12334	0.26129	
MRJMON	Full-time vs. other	0.15876	0.07843	2.02437	0.04293	*
MRJMON	Part-time vs. unemploy.	-0.05877	0.06189	0.94956	0.34233	
MRJMON	Part-time vs. other	0.02410	0.06508	0.37028	0.71118	
MRJMON	Unemploy. vs. other	0.08286	0.05890	1.40697	0.15944	

¹MRJFLAG is for any marijuana use in lifetime; MRJYR is for marijuana drug use in the past year; and MRJMON is for marijuana drug use in the past month.

²See Table 4.4 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.5P Pairwise Tests of Significance for Table 4.5: Cocaine Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Race/ethnicity						
COCFLAG	Male vs. female	0.12772	0.053100	2.40518	0.01616	*
COCYR	Male vs. female	0.18258	0.069182	2.63906	0.00831	*
COCMON	Male vs. female	0.18687	0.060543	3.08663	0.00202	*
Age group						
COCFLAG	12-25 vs. 26-34	-0.31318	0.081998	3.81941	0.00013	*
COCFLAG	12-25 vs. 35+	-0.08728	0.087573	0.99671	0.31891	
COCFLAG	26-34 vs. 35+	0.22590	0.050737	4.45237	0.00001	*
COCYR	12-25 vs. 26-34	-0.29846	0.082225	3.62977	0.00028	*
COCYR	12-25 vs. 35+	-0.14012	0.078879	1.77642	0.07566	
COCYR	26-34 vs. 35+	0.15834	0.054619	2.89890	0.00374	*
COCMON	12-25 vs. 26-34	-0.23064	0.065909	3.49939	0.00047	*
COCMON	12-25 vs. 35+	-0.13438	0.055210	2.43397	0.01493	*
COCMON	26-34 vs. 35+	0.09626	0.056402	1.70669	0.08788	
Race/ethnicity						
COCFLAG	White vs. black	-0.26279	0.06775	3.87904	0.00010	*
COCFLAG	White vs. Hispanic	0.10180	0.15333	0.66391	0.50675	
COCFLAG	Black vs. Hispanic	0.36459	0.13877	2.62730	0.00861	*
COCYR	White vs. black	-0.23445	0.06795	3.45046	0.00056	*
COCYR	White vs. Hispanic	0.13742	0.11977	1.14741	0.25121	
COCYR	Black vs. Hispanic	0.37187	0.10790	3.44637	0.00057	*
COCMON	White vs. black	-0.15781	0.05535	2.85130	0.00435	*
COCMON	White vs. Hispanic	0.02519	0.11367	0.22158	0.82464	
COCMON	Black vs. Hispanic	0.18300	0.10766	1.69981	0.08917	
Marital status						
COCFLAG	Single vs. married	0.08463	0.09817	0.86206	0.38865	
COCFLAG	Single vs. div/wid	0.05189	0.05327	0.97402	0.33005	
COCFLAG	Married vs. div/wid	-0.03274	0.10905	0.30025	0.76399	
COCYR	Single vs. married	0.03619	0.10073	0.35925	0.71941	
COCYR	Single vs. div/wid	0.01820	0.05826	0.31236	0.75476	
COCYR	Married vs. div/wid	-0.01799	0.11744	0.15318	0.87826	
COCMON	Single vs. married	0.01540	0.09159	0.16810	0.86651	
COCMON	Single vs. div/wid	0.00327	0.06270	0.05209	0.95846	
COCMON	Married vs. div/wid	-0.01213	0.11756	0.10318	0.91782	
Location						
COCFLAG	DC vs. Maryland	0.01337	0.09371	0.14272	0.88651	
COCFLAG	DC vs. Virginia	0.26091	0.06319	4.12928	0.00004	*
COCFLAG	Maryland vs. Virginia	0.24754	0.09750	2.53874	0.01113	*
COCYR	DC vs. Maryland	0.03855	0.08767	0.43976	0.66011	
COCYR	DC vs. Virginia	0.27374	0.07630	3.58767	0.00033	*
COCYR	Maryland vs. Virginia	0.23518	0.09516	2.47151	0.01345	*
COCMON	DC vs. Maryland	0.08526	0.07797	1.09349	0.27418	
COCMON	DC vs. Virginia	0.26603	0.05378	4.94686	0.00000	*
COCMON	Maryland vs. Virginia	0.18077	0.06739	2.68271	0.00730	*

See notes at end of table.

(continued)

Table 4.5P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Adult education						
COCFLAG	LT H.S. vs. H.S. grad	-0.08453	0.061032	1.38505	0.16604	
COCFLAG	LT H.S. vs. any coll.	-0.08522	0.080776	1.05500	0.29143	
COCFLAG	H.S. grad vs. any coll.	-0.00069	0.065086	0.01054	0.99159	
COCYR	LT H.S. vs. H.S. grad	-0.01984	0.071162	0.27882	0.78038	
COCYR	LT H.S. vs. any coll.	-0.02074	0.089902	0.23075	0.81751	
COCYR	H.S. grad vs. any coll.	-0.00090	0.077481	0.01166	0.99070	
COCMON	LT H.S. vs. H.S. grad	0.08653	0.054969	1.57410	0.11547	
COCMON	LT H.S. vs. any coll.	-0.02967	0.090440	0.32803	0.74289	
COCMON	H.S. grad vs. any coll.	-0.11619	0.082923	1.40122	0.16115	
Current employment						
COCFLAG	Full-time vs. part-time	-0.04057	0.08404	0.48276	0.62926	
COCFLAG	Full-time vs. unemploy.	-0.00005	0.07080	0.00075	0.99940	
COCFLAG	Full-time vs. other	0.13769	0.08402	1.63883	0.10125	
COCFLAG	Part-time vs. unemploy.	0.04052	0.07170	0.56509	0.57201	
COCFLAG	Part-time vs. other	0.17827	0.09902	1.80039	0.07180	
COCFLAG	Unemploy. vs. other	0.13775	0.08099	1.70073	0.08899	
COCYR	Full-time vs. part-time	0.01871	0.10267	0.18224	0.85540	
COCYR	Full-time vs. unemploy.	0.08746	0.07925	1.10356	0.26978	
COCYR	Full-time vs. other	0.20384	0.08974	2.27134	0.02313	*
COCYR	Part-time vs. unemploy.	0.06875	0.08596	0.79975	0.42385	
COCYR	Part-time vs. other	0.18513	0.10258	1.80470	0.07112	
COCYR	Unemploy. vs. other	0.11638	0.08475	1.37316	0.16970	
COCMON	Full-time vs. part-time	-0.10087	0.12375	0.81512	0.41501	
COCMON	Full-time vs. unemploy.	0.02708	0.07983	0.33919	0.73447	
COCMON	Full-time vs. other	0.18820	0.07965	2.36296	0.01813	*
COCMON	Part-time vs. unemploy.	0.12795	0.09205	1.38997	0.16454	
COCMON	Part-time vs. other	0.28907	0.09920	2.91409	0.00357	*
COCMON	Unemploy. vs. other	0.16112	0.06166	2.61293	0.00898	*

¹COCFLAG is for any cocaine use in lifetime; COCYR is for any cocaine use in the past year; and COCMON is for any cocaine use in the past month.

²See Table 4.5 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.6P Pairwise Tests of Significance for Table 4.6: Alcohol Use Prevalence Among the DC MSA Homeless and Transient Population, by Demographic Characteristics and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Sex						
ALCFLAG	Male vs. female	0.07615	0.036514	2.08543	0.03703	*
ALCYR	Male vs. female	0.16967	0.043868	3.86773	0.00011	*
ALCMON	Male vs. female	0.30936	0.060123	5.14539	0.00000	*
HVYDRK	Male vs. female	0.16903	0.056400	2.99692	0.00273	*
Age group						
ALCFLAG	12-25 vs. 26-34	-0.13714	0.047959	2.85945	0.00424	*
ALCFLAG	12-25 vs. 35+	-0.09137	0.050763	1.80001	0.07186	
ALCFLAG	26-34 vs. 35+	0.04576	0.019464	2.35124	0.01871	*
ALCYR	12-25 vs. 26-34	-0.14925	0.056046	2.66309	0.00774	*
ALCYR	12-25 vs. 35+	-0.08348	0.057739	1.44572	0.14825	
ALCYR	26-34 vs. 35+	0.06578	0.031174	2.11003	0.03486	*
ALCMON	12-25 vs. 26-34	-0.27990	0.080197	3.49018	0.00048	*
ALCMON	12-25 vs. 35+	-0.21821	0.072399	3.01404	0.00258	*
ALCMON	26-34 vs. 35+	0.06169	0.043183	1.42852	0.15314	
HVYDRK	12-25 vs. 26-34	-0.10796	0.082497	1.30865	0.19065	
HVYDRK	12-25 vs. 35+	-0.17462	0.076979	2.26839	0.02331	*
HVYDRK	26-34 vs. 35+	-0.06666	0.058398	1.14146	0.25368	
Race/ethnicity						
ALCFLAG	White vs. black	0.00192	0.02217	0.08680	0.93083	
ALCFLAG	White vs. Hispanic	0.29044	0.12579	2.30898	0.02094	*
ALCFLAG	Black vs. Hispanic	0.28852	0.12486	2.31072	0.02085	*
ALCYR	White vs. black	-0.10107	0.04391	2.30172	0.02135	*
ALCYR	White vs. Hispanic	0.18730	0.12468	1.50218	0.13305	
ALCYR	Black vs. Hispanic	0.28836	0.12421	2.32154	0.02026	*
ALCMON	White vs. black	-0.25596	0.07436	3.44210	0.00058	*
ALCMON	White vs. Hispanic	0.02063	0.13314	0.15491	0.87689	
ALCMON	Black vs. Hispanic	0.27658	0.12668	2.18326	0.02902	*
HVYDRK	White vs. black	-0.14308	0.05175	2.76497	0.00569	*
HVYDRK	White vs. Hispanic	-0.04845	0.13075	0.37050	0.71101	
HVYDRK	Black vs. Hispanic	0.09464	0.13388	0.70691	0.47962	
Marital status						
ALCFLAG	Single vs. married	0.19915	0.08094	2.46050	0.01387	*
ALCFLAG	Single vs. div/wid	-0.01946	0.02069	0.94073	0.34684	
ALCFLAG	Married vs. div/wid	-0.21862	0.08087	2.70336	0.00686	*
ALCYR	Single vs. married	0.32836	0.08568	3.83250	0.00013	*
ALCYR	Single vs. div/wid	0.01867	0.03378	0.55270	0.58047	
ALCYR	Married vs. div/wid	-0.30969	0.08720	3.55144	0.00038	*
ALCMON	Single vs. married	0.27123	0.08819	3.07537	0.00210	*
ALCMON	Single vs. div/wid	0.03108	0.04752	0.65394	0.51315	
ALCMON	Married vs. div/wid	-0.24015	0.09031	2.65909	0.00784	*
HVYDRK	Single vs. married	0.04177	0.08870	0.47091	0.63771	
HVYDRK	Single vs. div/wid	-0.03056	0.05682	0.53782	0.59070	
HVYDRK	Married vs. div/wid	-0.07233	0.09787	0.73903	0.45989	

See notes at end of table.

(continued)

Table 4.6P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Location						
ALCFLAG	DC vs. Maryland	0.04819	0.03607	1.33596	0.18156	
ALCFLAG	DC vs. Virginia	0.10609	0.04748	2.23433	0.02546	*
ALCFLAG	Maryland vs. Virginia	0.05790	0.05815	0.99571	0.31939	
ALCYR	DC vs. Maryland	0.05181	0.06324	0.81937	0.41258	
ALCYR	DC vs. Virginia	0.22152	0.03804	5.82342	0.00000	*
ALCYR	Maryland vs. Virginia	0.16971	0.06955	2.43999	0.01469	*
ALCMON	DC vs. Maryland	0.08049	0.09445	0.85215	0.39413	
ALCMON	DC vs. Virginia	0.30425	0.06351	4.79036	0.00000	*
ALCMON	Maryland vs. Virginia	0.22376	0.10254	2.18217	0.02910	*
HVYDRK	DC vs. Maryland	0.01744	0.06936	0.25150	0.80142	
HVYDRK	DC vs. Virginia	0.14573	0.04353	3.34742	0.00082	*
HVYDRK	Maryland vs. Virginia	0.12828	0.07167	1.78994	0.07346	
Adult education						
ALCFLAG	LT H.S. vs. H.S. grad	-0.07897	0.032688	2.41581	0.01570	*
ALCFLAG	LT H.S. vs. any coll.	-0.09597	0.029495	3.25392	0.00114	*
ALCFLAG	H.S. grad vs. any coll.	-0.01701	0.014172	1.19996	0.23015	
ALCYR	LT H.S. vs. H.S. grad	-0.08412	0.039744	2.11651	0.03430	*
ALCYR	LT H.S. vs. any coll.	-0.07377	0.044077	1.67359	0.09421	
ALCYR	H.S. grad vs. any coll.	0.01035	0.036683	0.28222	0.77778	
ALCMON	LT H.S. vs. H.S. grad	-0.06464	0.050746	1.27376	0.20275	
ALCMON	LT H.S. vs. any coll.	-0.09518	0.059309	1.60486	0.10852	
ALCMON	H.S. grad vs. any coll.	-0.03055	0.055242	0.55295	0.58030	
HVYDRK	LT H.S. vs. H.S. grad	-0.07022	0.062840	1.11737	0.26384	
HVYDRK	LT H.S. vs. any coll.	-0.05469	0.075556	0.72386	0.46915	
HVYDRK	H.S. grad vs. any coll.	0.01552	0.092293	0.16819	0.86643	
Current employment						
ALCFLAG	Full-time vs. part-time	0.00121	0.02534	0.04779	0.96188	
ALCFLAG	Full-time vs. unemploy.	0.05158	0.03164	1.63024	0.10305	
ALCFLAG	Full-time vs. other	0.00403	0.02206	0.18262	0.85510	
ALCFLAG	Part-time vs. unemploy.	0.05037	0.02838	1.77476	0.07594	
ALCFLAG	Part-time vs. other	0.00282	0.02310	0.12195	0.90294	
ALCFLAG	Unemploy. vs. other	-0.04755	0.02894	1.64305	0.10037	
ALCYR	Full-time vs. part-time	-0.01667	0.05554	0.30014	0.76407	
ALCYR	Full-time vs. unemploy.	0.05585	0.04185	1.33471	0.18197	
ALCYR	Full-time vs. other	0.09445	0.05644	1.67357	0.09422	
ALCYR	Part-time vs. unemploy.	0.07252	0.04753	1.52595	0.12702	
ALCYR	Part-time vs. other	0.11112	0.06078	1.82840	0.06749	
ALCYR	Unemploy. vs. other	0.03860	0.05530	0.69802	0.48516	
ALCMON	Full-time vs. part-time	-0.02280	0.07330	0.31106	0.75576	
ALCMON	Full-time vs. unemploy.	0.05943	0.06206	0.95776	0.33818	
ALCMON	Full-time vs. other	0.17647	0.08427	2.09408	0.03625	*
ALCMON	Part-time vs. unemploy.	0.08224	0.06404	1.28412	0.19910	
ALCMON	Part-time vs. other	0.19927	0.08448	2.35874	0.01834	*
ALCMON	Unemploy. vs. other	0.11704	0.08293	1.41136	0.15814	

See notes at end of table.

(continued)

Table 4.6P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Current employment (continued)						
HVYDRK	Full-time vs. part-time	-0.06261	0.11738	0.53342	0.59374	
HVYDRK	Full-time vs. unemploy.	-0.07017	0.06799	1.03207	0.30204	
HVYDRK	Full-time vs. other	0.03829	0.07798	0.49095	0.62346	
HVYDRK	Part-time vs. unemploy.	-0.00756	0.09133	0.08273	0.93406	
HVYDRK	Part-time vs. other	0.10090	0.13702	0.73639	0.46150	
HVYDRK	Unemploy. vs. other	0.10846	0.08032	1.35035	0.17690	

¹ALCFLAG is for any alcohol use in lifetime; ALCYR is for any alcohol use in the past year; ALCMON is for any alcohol use in the past month; and HVYDRK means having five or more drinks in a day on a weekly basis while homeless in the past month.

²See Table 4.6 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.7P Pairwise Tests of Significance for Table 4.7: Any Illicit Drug Use Prevalence, by Patterns of Homelessness and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Stage of homelessness						
ANYFLAG	Newly vs. chronically	0.06111	0.05670	1.07772	0.28116	
ANYFLAG	Newly vs. intermit.	-0.05240	0.04050	1.29399	0.19567	
ANYFLAG	Newly vs. at risk	0.02726	0.06158	0.44257	0.65808	
ANYFLAG	Chronically vs. intermit.	-0.11351	0.05817	1.95136	0.05101	
ANYFLAG	Chronically vs. at risk	-0.03386	0.07485	0.45234	0.65102	
ANYFLAG	Intermit. vs. at risk	0.07966	0.05714	1.39399	0.16332	
ANYYR	Newly vs. chronically	0.00464	0.07590	0.06116	0.95123	
ANYYR	Newly vs. intermit.	-0.07618	0.07575	1.00572	0.31455	
ANYYR	Newly vs. at risk	-0.00298	0.09898	0.03009	0.97599	
ANYYR	Chronically vs. intermit.	-0.08083	0.07168	1.12753	0.25952	
ANYYR	Chronically vs. at risk	-0.00762	0.08864	0.08597	0.93149	
ANYYR	Intermit. vs. at risk	0.07321	0.08501	0.86111	0.38918	
ANYMON	Newly vs. chronically	0.03293	0.07459	0.44153	0.65883	
ANYMON	Newly vs. intermit.	-0.15752	0.07093	2.22082	0.02636	*
ANYMON	Newly vs. at risk	-0.09552	0.10878	0.87809	0.37989	
ANYMON	Chronically vs. intermit.	-0.19045	0.06287	3.02950	0.00245	*
ANYMON	Chronically vs. at risk	-0.12846	0.11481	1.11887	0.26320	
ANYMON	Intermit. vs. at risk	0.06200	0.10274	0.60346	0.54620	
Past month service use						
ANYFLAG	Any serv. vs. none	0.22793	0.21686	1.05104	0.29324	
ANYFLAG	Shelter vs. SK	-0.09862	0.06773	1.45618	0.14534	
ANYFLAG	Shelter vs. both	-0.15666	0.05368	2.91863	0.00352	*
ANYFLAG	Shelter vs. none	0.12292	0.22112	0.55591	0.57827	
ANYFLAG	SK vs. both	-0.05804	0.04469	1.29875	0.19403	
ANYFLAG	SK vs. none	0.22154	0.21940	1.00977	0.31260	
ANYFLAG	Both vs. none	0.27958	0.21750	1.28545	0.19864	
ANYYR	Any serv. vs. none	0.02340	0.22120	0.10578	0.91576	
ANYYR	Shelter vs. SK	-0.17517	0.09754	1.79590	0.07251	
ANYYR	Shelter vs. both	-0.27496	0.06392	4.30197	0.00002	*
ANYYR	Shelter vs. none	-0.16154	0.22755	0.70991	0.47776	
ANYYR	SK vs. both	-0.09979	0.07890	1.26485	0.20593	
ANYYR	SK vs. none	0.01363	0.22727	0.05999	0.95217	
ANYYR	Both vs. none	0.11342	0.22296	0.50873	0.61094	
ANYMON	Any serv. vs. none	0.25316	0.07065	3.58315	0.00034	*
ANYMON	Shelter vs. SK	-0.29082	0.09814	2.96341	0.00304	*
ANYMON	Shelter vs. both	-0.28091	0.05204	5.39757	0.00000	*
ANYMON	Shelter vs. none	0.03066	0.06998	0.43816	0.66127	
ANYMON	SK vs. both	0.00992	0.09663	0.10264	0.91825	
ANYMON	SK vs. none	0.32149	0.11051	2.90908	0.00362	*
ANYMON	Both vs. none	0.31157	0.07100	4.38810	0.00001	*

See notes at end of table.

(continued)

Table 4.7P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Sampling location						
ANYFLAG	Street vs. shelter	0.04885	0.10910	0.44773	0.65435	
ANYFLAG	Street vs. soup kit.	-0.07707	0.10428	0.73908	0.45986	
ANYFLAG	Street vs. encampment	0.01850	0.10775	0.17172	0.86365	
ANYFLAG	Shelter vs. soup kit.	-0.12592	0.04677	2.69232	0.00710	*
ANYFLAG	Shelter vs. encampment	-0.03034	0.05406	0.56132	0.57458	
ANYFLAG	Soup kit. vs. encampment	0.09557	0.04352	2.19624	0.02808	*
ANYYYR	Street vs. shelter	0.02666	0.11562	0.23061	0.81762	
ANYYYR	Street vs. soup kit.	-0.18063	0.11244	1.60637	0.10819	
ANYYYR	Street vs. encampment	-0.07663	0.11346	0.67538	0.49944	
ANYYYR	Shelter vs. soup kit.	-0.20729	0.06198	3.34426	0.00083	*
ANYYYR	Shelter vs. encampment	-0.10329	0.06380	1.61889	0.10547	
ANYYYR	Soup kit. vs. encampment	0.10400	0.05784	1.79807	0.07217	
ANYMON	Street vs. shelter	0.05561	0.08840	0.62912	0.52927	
ANYMON	Street vs. soup kit.	-0.25837	0.09956	2.59521	0.00945	*
ANYMON	Street vs. encampment	-0.16465	0.09409	1.74988	0.08014	
ANYMON	Shelter vs. soup kit.	-0.31399	0.05759	5.45209	0.00000	*
ANYMON	Shelter vs. encampment	-0.22027	0.04929	4.46890	0.00001	*
ANYMON	Soup kit. vs. encampment	0.09372	0.06600	1.42009	0.15558	

¹ANYFLAG is for any illicit drug use in lifetime; ANYYYR is for any illicit drug use in the past year; and ANYMON is for any illicit drug use in the past month.

²See Table 4.7 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.8P Pairwise Tests of Significance for Table 4.8: Marijuana Use Prevalence, by Patterns of Homelessness and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Stage of homelessness						
MRJFLAG	Newly vs. chronically	0.03059	0.06179	0.49511	0.62052	
MRJFLAG	Newly vs. intermit.	-0.09019	0.04706	1.91655	0.05530	
MRJFLAG	Newly vs. at risk	0.05561	0.07411	0.75048	0.45296	
MRJFLAG	Chronically vs. intermit.	-0.12078	0.06223	1.94093	0.05227	
MRJFLAG	Chronically vs. at risk	0.02502	0.07884	0.31739	0.75095	
MRJFLAG	Intermit. vs. at risk	0.14581	0.06752	2.15941	0.03082	*
MRJYR	Newly vs. chronically	0.01260	0.08138	0.15478	0.87699	
MRJYR	Newly vs. intermit.	-0.07861	0.08105	0.96998	0.33206	
MRJYR	Newly vs. at risk	-0.07787	0.10322	0.75443	0.45059	
MRJYR	Chronically vs. intermit.	-0.09121	0.06824	1.33657	0.18136	
MRJYR	Chronically vs. at risk	-0.09047	0.09686	0.93404	0.35028	
MRJYR	Intermit. vs. at risk	0.00074	0.08704	0.00854	0.99318	
MRJMON	Newly vs. chronically	0.01827	0.06149	0.29717	0.76633	
MRJMON	Newly vs. intermit.	-0.05537	0.05876	0.94239	0.34600	
MRJMON	Newly vs. at risk	-0.13237	0.08254	1.60375	0.10877	
MRJMON	Chronically vs. intermit.	-0.07365	0.05340	1.37910	0.16786	
MRJMON	Chronically vs. at risk	-0.15064	0.08540	1.76399	0.07773	
MRJMON	Intermit. vs. at risk	-0.07699	0.07535	1.02176	0.30689	
Past month service use						
MRJFLAG	Any serv. vs. none	0.25366	0.22869	1.10922	0.26734	
MRJFLAG	Shelter vs. SK	-0.04811	0.07083	0.67931	0.49694	
MRJFLAG	Shelter vs. both	-0.15211	0.05767	2.63743	0.00835	*
MRJFLAG	Shelter vs. none	0.16616	0.23318	0.71258	0.47610	
MRJFLAG	SK vs. both	-0.10399	0.05303	1.96094	0.04989	*
MRJFLAG	SK vs. none	0.21427	0.23249	0.92162	0.35673	
MRJFLAG	Both vs. none	0.31827	0.22930	1.38799	0.16514	
MRJYR	Any serv. vs. none	0.33851	0.04473	7.56826	0.00000	*
MRJYR	Shelter vs. SK	-0.18506	0.10946	1.69065	0.09090	
MRJYR	Shelter vs. both	-0.13396	0.08154	1.64289	0.10041	
MRJYR	Shelter vs. none	0.21790	0.07953	2.73980	0.00615	*
MRJYR	SK vs. both	0.05110	0.08324	0.61383	0.53933	
MRJYR	SK vs. none	0.40296	0.08360	4.82004	0.00000	*
MRJYR	Both vs. none	0.35186	0.04727	7.44341	0.00000	*
MRJMON	Any serv. vs. none	0.14374	0.03813	3.76946	0.00016	*
MRJMON	Shelter vs. SK	-0.25751	0.09124	2.82225	0.00477	*
MRJMON	Shelter vs. both	-0.12473	0.03326	3.75062	0.00018	*
MRJMON	Shelter vs. none	0.00569	0.01905	0.29872	0.76515	
MRJMON	SK vs. both	0.13278	0.08897	1.49246	0.13558	
MRJMON	SK vs. none	0.26320	0.09198	2.86135	0.00422	*
MRJMON	Both vs. none	0.13042	0.03370	3.86975	0.00011	*

See notes at end of table.

(continued)

Table 4.8P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Sampling location						
MRJFLAG	Street vs. shelter	0.03558	0.10935	0.32535	0.74492	
MRJFLAG	Street vs. soup kit.	-0.06475	0.10433	0.62063	0.53484	
MRJFLAG	Street vs. encampment	0.02494	0.10893	0.22896	0.81890	
MRJFLAG	Shelter vs. soup kit.	-0.10033	0.04599	2.18160	0.02914	*
MRJFLAG	Shelter vs. encampment	-0.01064	0.05564	0.19121	0.84836	
MRJFLAG	Soup kit. vs. encampment	0.08969	0.04773	1.87901	0.06024	
MRJYR	Street vs. shelter	0.03051	0.11924	0.25587	0.79805	
MRJYR	Street vs. soup kit.	-0.15316	0.12259	1.24941	0.21152	
MRJYR	Street vs. encampment	-0.09119	0.11845	0.76984	0.44140	
MRJYR	Shelter vs. soup kit.	-0.18368	0.07110	2.58324	0.00979	*
MRJYR	Shelter vs. encampment	-0.12170	0.06370	1.91055	0.05606	
MRJYR	Soup kit. vs. encampment	0.06198	0.06976	0.88848	0.37428	
MRJMON	Street vs. shelter	0.06339	0.06796	0.93278	0.35093	
MRJMON	Street vs. soup kit.	-0.11153	0.08178	1.36366	0.17267	
MRJMON	Street vs. encampment	-0.05903	0.07518	0.78507	0.43241	
MRJMON	Shelter vs. soup kit.	-0.17492	0.05857	2.98669	0.00282	*
MRJMON	Shelter vs. encampment	-0.12242	0.03732	3.28048	0.00104	*
MRJMON	Soup kit. vs. encampment	0.05250	0.06689	0.78483	0.43255	

¹MRJFLAG is for marijuana use in lifetime; MRJYR is for marijuana use in the past year; and MRJMON is for marijuana use in the past month.

²See Table 4.8 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.9P Pairwise Tests of Significance for Table 4.9: Cocaine Use Prevalence, by Patterns of Homelessness and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Stage of homelessness						
COCFLAG	Newly vs. chronically	0.03035	0.08193	0.37049	0.71102	
COCFLAG	Newly vs. intermit.	-0.10996	0.05877	1.87098	0.06135	
COCFLAG	Newly vs. at risk	-0.02554	0.09240	0.27647	0.78219	
COCFLAG	Chronically vs. intermit.	-0.14031	0.07176	1.95511	0.05057	
COCFLAG	Chronically vs. at risk	-0.05590	0.09299	0.60111	0.54777	
COCFLAG	Intermit. vs. at risk	0.08441	0.08646	0.97625	0.32894	
COCYR	Newly vs. chronically	0.04012	0.07754	0.51740	0.60488	
COCYR	Newly vs. intermit.	-0.10483	0.07807	1.34275	0.17935	
COCYR	Newly vs. at risk	-0.07954	0.10610	0.74964	0.45347	
COCYR	Chronically vs. intermit.	-0.14495	0.06857	2.11401	0.03451	*
COCYR	Chronically vs. at risk	-0.11966	0.08890	1.34596	0.17831	
COCYR	Intermit. vs. at risk	0.02529	0.08014	0.31560	0.75230	
COCMON	Newly vs. chronically	0.03608	0.06970	0.51760	0.60474	
COCMON	Newly vs. intermit.	-0.17090	0.06940	2.46265	0.01379	*
COCMON	Newly vs. at risk	-0.06055	0.12005	0.50441	0.61398	
COCMON	Chronically vs. intermit.	-0.20697	0.06039	3.42700	0.00061	*
COCMON	Chronically vs. at risk	-0.09663	0.10885	0.88773	0.37469	
COCMON	Intermit. vs. at risk	0.11034	0.09408	1.17288	0.24084	
Past month service use						
COCFLAG	Any serv. vs. none	0.17908	0.23507	0.76180	0.44618	
COCFLAG	Shelter vs. SK	-0.12524	0.08470	1.47872	0.13921	
COCFLAG	Shelter vs. both	-0.20623	0.06016	3.42793	0.00061	*
COCFLAG	Shelter vs. none	0.04239	0.23900	0.17737	0.85922	
COCFLAG	SK vs. both	-0.08098	0.06359	1.27357	0.20282	
COCFLAG	SK vs. none	0.16763	0.23896	0.70151	0.48299	
COCFLAG	Both vs. none	0.24862	0.23620	1.05258	0.29253	
COCYR	Any serv. vs. none	0.03769	0.24130	0.15620	0.87587	
COCYR	Shelter vs. SK	-0.17776	0.08815	2.01654	0.04374	*
COCYR	Shelter vs. both	-0.23702	0.06093	3.88997	0.00010	*
COCYR	Shelter vs. none	-0.12957	0.24460	0.52972	0.59631	
COCYR	SK vs. both	-0.05926	0.08351	0.70961	0.47795	
COCYR	SK vs. none	0.04820	0.24917	0.19343	0.84662	
COCYR	Both vs. none	0.10745	0.24290	0.44238	0.65822	
COCMON	Any serv. vs. none	0.22181	0.04707	4.71274	0.00000	*
COCMON	Shelter vs. SK	-0.21042	0.09052	2.32464	0.02009	*
COCMON	Shelter vs. both	-0.22453	0.04973	4.51468	0.00001	*
COCMON	Shelter vs. none	0.05075	0.04957	1.02374	0.30596	
COCMON	SK vs. both	-0.01411	0.08418	0.16757	0.86692	
COCMON	SK vs. none	0.26117	0.09089	2.87347	0.00406	*
COCMON	Both vs. none	0.27528	0.04598	5.98649	0.00000	*

See notes at end of table.

(continued)

Table 4.9P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Sampling location						
COCFLAG	Street vs. shelter	0.00667	0.12789	0.05218	0.95839	
COCFLAG	Street vs. soup kit.	-0.18703	0.12628	1.48113	0.13857	
COCFLAG	Street vs. encampment	-0.03723	0.12737	0.29234	0.77003	
COCFLAG	Shelter vs. soup kit.	-0.19371	0.06195	3.12692	0.00177	*
COCFLAG	Shelter vs. encampment	-0.04391	0.06415	0.68449	0.49366	
COCFLAG	Soup kit. vs. encampment	0.14980	0.06086	2.46144	0.01384	*
COCYR	Street vs. shelter	-0.04462	0.10516	0.42428	0.67136	
COCYR	Street vs. soup kit.	-0.30227	0.10708	2.82276	0.00476	*
COCYR	Street vs. encampment	-0.07593	0.10531	0.72102	0.47089	
COCYR	Shelter vs. soup kit.	-0.25766	0.06265	4.11291	0.00004	*
COCYR	Shelter vs. encampment	-0.03132	0.05956	0.52577	0.59905	
COCYR	Soup kit. vs. encampment	0.22634	0.06290	3.59821	0.00032	*
COCMON	Street vs. shelter	-0.01525	0.06911	0.22069	0.82533	
COCMON	Street vs. soup kit.	-0.27776	0.08475	3.27754	0.00105	*
COCMON	Street vs. encampment	-0.11625	0.07590	1.53162	0.12562	
COCMON	Shelter vs. soup kit.	-0.26251	0.05761	4.55647	0.00001	*
COCMON	Shelter vs. encampment	-0.10100	0.04664	2.16533	0.03036	*
COCMON	Soup kit. vs. encampment	0.16151	0.06561	2.46165	0.01383	*

¹COCFLAG is for any cocaine use in lifetime; COCYR is for any cocaine use in the past year; and COCMON is for any cocaine use in the past month.

²See Table 4.9 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Table 4.10P Pairwise Tests of Significance for Table 4.10: Alcohol Use Prevalence, by Patterns of Homelessness and Time Period

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Stage of homelessness						
ALCFLAG	Newly vs. chronically	-0.01544	0.024210	0.63760	0.52373	
ALCFLAG	Newly vs. intermit.	-0.00501	0.022539	0.22212	0.82422	
ALCFLAG	Newly vs. at risk	0.06991	0.053177	1.31462	0.18864	
ALCFLAG	Chronically vs. intermit.	0.01043	0.024754	0.42135	0.67350	
ALCFLAG	Chronically vs. at risk	0.08534	0.054240	1.57347	0.11561	
ALCFLAG	Intermit. vs. at risk	0.07491	0.056259	1.33161	0.18299	
ALCYR	Newly vs. chronically	-0.00127	0.048009	0.02654	0.97883	
ALCYR	Newly vs. intermit.	-0.04143	0.037111	1.11636	0.26427	
ALCYR	Newly vs. at risk	0.01408	0.060699	0.23199	0.81655	
ALCYR	Chronically vs. intermit.	-0.04016	0.042164	0.95236	0.34091	
ALCYR	Chronically vs. at risk	0.01536	0.062447	0.24590	0.80576	
ALCYR	Intermit. vs. at risk	0.05551	0.058734	0.94512	0.34460	
ALCMON	Newly vs. chronically	-0.04035	0.083659	0.48236	0.62955	
ALCMON	Newly vs. intermit.	-0.09226	0.056644	1.62873	0.10337	
ALCMON	Newly vs. at risk	-0.04611	0.075096	0.61401	0.53921	
ALCMON	Chronically vs. intermit.	-0.05190	0.064615	0.80327	0.42182	
ALCMON	Chronically vs. at risk	-0.00576	0.086396	0.06663	0.94688	
ALCMON	Intermit. vs. at risk	0.04615	0.068796	0.67079	0.50236	
HVYDRK	Newly vs. chronically	-0.10666	0.078724	1.35486	0.17546	
HVYDRK	Newly vs. intermit.	-0.14322	0.067986	2.10655	0.03516	*
HVYDRK	Newly vs. at risk	-0.05850	0.082420	0.70983	0.47781	
HVYDRK	Chronically vs. intermit.	-0.03656	0.068305	0.53520	0.59251	
HVYDRK	Chronically vs. at risk	0.04816	0.082970	0.58040	0.56165	
HVYDRK	Intermit. vs. at risk	0.08471	0.077329	1.09548	0.27331	
Past month service use						
ALCFLAG	Any serv. vs. none	-0.00743	0.05883	0.12623	0.89955	
ALCFLAG	Shelter vs. SK	0.02742	0.04534	0.60464	0.54542	
ALCFLAG	Shelter vs. both	-0.04731	0.02728	1.73460	0.08281	
ALCFLAG	Shelter vs. none	-0.02198	0.06037	0.36409	0.71579	
ALCFLAG	SK vs. both	-0.07473	0.04082	1.83055	0.06717	
ALCFLAG	SK vs. none	-0.04940	0.06881	0.71788	0.47283	
ALCFLAG	Both vs. none	0.02533	0.05914	0.42837	0.66838	
ALCYR	Any serv. vs. none	-0.05487	0.06741	0.81404	0.41562	
ALCYR	Shelter vs. SK	-0.06627	0.06641	0.99803	0.31827	
ALCYR	Shelter vs. both	-0.17012	0.04856	3.50352	0.00046	*
ALCYR	Shelter vs. none	-0.15708	0.07633	2.05802	0.03959	*
ALCYR	SK vs. both	-0.10384	0.05647	1.83898	0.06592	
ALCYR	SK vs. none	-0.09080	0.08170	1.11146	0.26637	
ALCYR	Both vs. none	0.01304	0.06819	0.19121	0.84836	

See notes at end of table.

(continued)

Table 4.10P (continued)

Variable ¹	Contrast ² (P ₁ vs. P ₂)	(P ₁ -P ₂) Estimate	Pooled Std Error	Absolute Z-Value	P-Value	P<.05
Past month service use (continued)						
ALCMON	Any serv. vs. none	-0.17204	0.08388	2.05110	0.04026	*
ALCMON	Shelter vs. SK	-0.26746	0.09013	2.96739	0.00300	*
ALCMON	Shelter vs. both	-0.34530	0.06874	5.02341	0.00000	*
ALCMON	Shelter vs. none	-0.41943	0.09943	4.21838	0.00002	*
ALCMON	SK vs. both	-0.07785	0.07349	1.05930	0.28946	
ALCMON	SK vs. none	-0.15197	0.09972	1.52395	0.12752	
ALCMON	Both vs. none	-0.07412	0.08535	0.86849	0.38513	
HVYDRK	Any serv. vs. none	-0.23174	0.23876	0.97059	0.33175	
HVYDRK	Shelter vs. SK	-0.21190	0.07362	2.87810	0.00400	*
HVYDRK	Shelter vs. both	-0.15129	0.05973	2.53289	0.01131	*
HVYDRK	Shelter vs. none	-0.36617	0.24006	1.52533	0.12718	
HVYDRK	SK vs. both	0.06061	0.06740	0.89915	0.36857	
HVYDRK	SK vs. none	-0.15427	0.24208	0.63729	0.52394	
HVYDRK	Both vs. none	-0.21488	0.24187	0.88838	0.37434	
Sampling location						
ALCFLAG	Street vs. shelter	0.01513	0.02485	0.60907	0.54248	
ALCFLAG	Street vs. soup kit.	0.04799	0.02705	1.77404	0.07606	
ALCFLAG	Street vs. encampment	-0.01324	0.02303	0.57497	0.56531	
ALCFLAG	Shelter vs. soup kit.	0.03285	0.02241	1.46617	0.14260	
ALCFLAG	Shelter vs. encampment	-0.02838	0.01801	1.57571	0.11509	
ALCFLAG	Soup kit. vs. encampment	-0.06123	0.02297	2.66521	0.00769	*
ALCYR	Street vs. shelter	0.08552	0.04123	2.07389	0.03809	*
ALCYR	Street vs. soup kit.	0.06233	0.03904	1.59672	0.11033	
ALCYR	Street vs. encampment	0.01748	0.03983	0.43897	0.66068	
ALCYR	Shelter vs. soup kit.	-0.02319	0.03496	0.66330	0.50714	
ALCYR	Shelter vs. encampment	-0.06803	0.03584	1.89812	0.05768	
ALCYR	Soup kit. vs. encampment	-0.04484	0.03490	1.28481	0.19886	
ALCMON	Street vs. shelter	0.29086	0.06112	4.75912	0.00000	*
ALCMON	Street vs. soup kit.	0.16934	0.05160	3.28185	0.00103	*
ALCMON	Street vs. encampment	0.09952	0.05139	1.93662	0.05279	
ALCMON	Shelter vs. soup kit.	-0.12152	0.06016	2.01999	0.04338	*
ALCMON	Shelter vs. encampment	-0.19134	0.05998	3.19016	0.00142	*
ALCMON	Soup kit. vs. encampment	-0.06982	0.05025	1.38957	0.16466	
HVYDRK	Street vs. shelter	0.24868	0.10850	2.29202	0.02190	*
HVYDRK	Street vs. soup kit.	0.11349	0.11079	1.02436	0.30566	
HVYDRK	Street vs. encampment	0.02938	0.11235	0.26150	0.79371	
HVYDRK	Shelter vs. soup kit.	-0.13519	0.04903	2.75715	0.00583	*
HVYDRK	Shelter vs. encampment	-0.21930	0.05247	4.17967	0.00003	*
HVYDRK	Soup kit. vs. encampment	-0.08411	0.05705	1.47418	0.14043	

¹ALCFLAG is for any alcohol use in lifetime; ALCYR is for any alcohol use in the past year; ALCMON is for any alcohol use in the past month; and HVYDRK means having five or more drinks in a day on a weekly basis while homeless in the past month.

²See Table 4.10 for categories and definitions.

Source: 1991 NIDA DC*MADS Homeless and Transient Population Study.

Appendix D

Study Instruments

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[Shelter Operator]
[Address]

January, 1991

Dear _____,

We are asking for your participation in a very important research project called the Washington D.C. Metropolitan Area Drug Study (DC*MADS). It is being sponsored by the National Institute on Drug Abuse (NIDA) and led by the Research Triangle Institute. This study is the first attempt to collect data about drug abuse from hard-to-reach populations in one metropolitan area. These populations include homeless people, school dropouts, people in institutions, adult and juvenile criminal offenders, drug abuse treatment clients, pregnant drug abusers, and drug traffickers.

Under the DC*MADS umbrella, we are currently conducting a study of the relationship between drug use, homelessness and other problems, including physical and mental health care, criminality, income, entitlement participation, and education. We will also be looking at the role of treatment or assistance in addressing these problems. You may have heard one of the presentations we have been making at local providers meetings.

Because we want the results to be representative of the 16 municipalities in D.C. metropolitan area, we have selected a random sample of nearly 100 shelters to visit. Your shelter has been chosen in this sample.

Within each participating shelter we will randomly select and interview an average of about 5 clients. (This number may vary a bit, depending on each shelter's capacity.) The interview will take about 50 minutes and needs to be conducted in privacy, to the extent possible. We will pay each client \$10 for their time. Enclosed is a summary of our data collection procedures in shelters and a copy of the interview we plan to administer to clients selected for the study.

We hope that you will decide to cooperate in this very important study. Please be assured that we will tailor our procedures to minimize any interruptions to your operations. If you agree to participate, we would also like to show our appreciation and compensate you for any burden we may be placing on you by donating to your shelter a package of toothbrushes or diapers and a directory of shelters in the D.C. metropolitan area.

In a few days, a project staff member from RTI will telephone you to make sure you have received this letter and to answer any questions you may have. Thank you, in advance, for your interest and cooperation. If you have any questions, please feel free to call either of us.

Sincerely,

Michael Dennis, Ph.D.
Research Psychologist and
Homeless Population Study Leader
(919) 541-7136

Jutta Thornberry
Survey Specialist and
Washington Area Coordinator
(202) 728-2058

Enclosures:

DC*MADS brochure
Client Letter
Data Collection Procedures Summary
Data Collection Procedures for Shelter Staff

cc: E. Lambert, NIDA
File 4596

SHELTER DATA COLLECTION PROCEDURES

Summary

The questionnaire that the data collectors will administer has been pilot tested in several shelters. We have also received input from local providers and the D.C. Council of Government's Homelessness Task Force to refine the instrument and our data collection procedures. Below is a summary of the data collection procedures and a discussion of the agreement we would like to reach with you.

Data Collection Procedures:

- The night we visit your shelter has been randomly chosen so that we will be able to look at seasonal trends during the study's four-month period of February through May.
- On the chosen night, our team of data collectors will come when clients are likely to start arriving for the night and would like to stay until about 11:30 P.M. or midnight.
- The data collectors will work with shelter staff to select a systematic sample of people from your intake roster as they enter the shelter on the sample night.
- The data collectors will interview people either in an area you have agreed to let us use or in a vehicle we will provide.
- Our data collectors include people who have either been homeless or have worked extensively with the homeless people.
- If clients enter the shelter after the data collectors leave, we will leave your staff with simple instructions indicating which, if any, of those clients are to be selected for interview.
- Our data collectors will call the shelter the next morning to arrange appointments with any selected clients who arrived after the data collectors left.

Agreement:

After we have talked about these procedures and answered your questions, we will ask you if you are willing to participate in this important study. If you are, we will ask you to grant us formal consent by signing a director's consent form. This form will document any special procedures you want followed and when and where we have agreed to conduct the interviews. You will keep a copy for your files, RTI will have a copy, and we will send a third copy with the interviewer on the sampled night. The purpose of this form is to make sure we live up to our agreement and in case last minute staffing changes cause any confusion.

SHELTER DATA COLLECTION PROCEDURES

Instructions

Instructions for selecting shelter clients after the data collector leaves:

1. Continue maintaining the shelter intake roster as you have done so far.
2. Clients whose names are listed on marked lines are selected for interviews.
3. Give those clients the Client Letter.
4. Ask selected clients if they are interested in participating and when they would be available for us to talk to them. We will return and explain the study further and conduct the interview, if they agree.
5. After the shelter is closed for the night (or before the morning shift begins), record the information requested below.
6. I will call you tomorrow morning to obtain the information.

Please complete the following information:

1. Number of clients who entered after data collector left: | _ | _ | _ |
2. Number of clients selected for interview: | _ | _ |
3. Number of clients selected who will participate: | _ | _ |
4. Number of clients selected who will not participate: | _ | _ |

Please record information below on selected clients willing to participate:

1. Name of Client: _____
 Appt. Place: _____ Date: _____ Time: _____
2. Name of Client: _____
 Appt. Place: _____ Date: _____ Time: _____
3. Name of Client: _____
 Appt. Place: _____ Date: _____ Time: _____
4. Name of Client: _____
 Appt. Place: _____ Date: _____ Time: _____

DIRECTOR'S CONSENT FORM

This form is to acknowledge receipt of the data collection procedure summary and the main questionnaire. It should not be signed until all of your questions have been satisfactorily addressed. It grants permission to the Research Triangle Institute (RTI) to randomly select a sample of clients from your shelter's roster, to ask those clients if they will participate in this study, and, if so, to conduct the interviews on-site. If any clients enter your shelter after the RTI data collectors leave, shelter staff will give a letter to the last few individuals sampled and schedule a time for the RTI data collector to contact them. The RTI data collector will call back the morning after their visit to your shelter to obtain the number of clients who entered your shelter after they left, whether selected clients are interested in being interviewed, and when they can be contacted. The following summarizes the agreement with RTI:

1. A team of RTI data collectors will come to _____ on _____.
2. The RTI data collectors will interview approximately five clients, randomly selected from the roster as they enter the shelter. They will try to contact and interview as many of the selected clients as possible between: _____ and _____.
3. The interviews will be conducted in a private location.
4. If more clients come in after RTI data collectors leave, shelter staff will keep track of who should be interviewed, give these individuals a letter from RTI about the study, and arrange a contact time for RTI data collectors to meet them.
5. Shelter staff will give RTI data collectors the count of the number of clients who entered after the RTI data collectors left and the names of interested clients selected for interview.
6. No information will be collected to identify individual clients, nor will information be reported on individual shelters.
7. RTI data collectors agree to the following special procedures:

PLEASE SIGN AND DATE BELOW.

(Signature of Shelter Director) (Date)

(Signature of RTI Supervisor) (Date)

Supervisor's Telephone Number: _____

ROSTER OF ROOM OCCUPANTS (RRO)

INSTRUCTIONS:

Below is a list of numbers, identified as "PERSON #", which represent potential shelter clients on a sampled night. Above each number, identified as "ROOM", is a space on which to record the room number in which an individual is staying.

To complete this form, ask the shelter staff for the number of people 12 years of age and older staying in each room. Obtain this information in sequential room order (i.e., from lowest to highest room number, from A to Z, or from numbers to letters if both are used). Record the room identifier on the "ROOM" line using as many "PERSON #" spaces as the number of individuals in that room. Continue until you have accounted for all rooms.

Apply the **random start and interval** in order to select which clients to interview. Circle the "PERSON #" chosen. The first person listed in a room represents the oldest person 12 years of age or older; the second person listed represents the second oldest person 12 years of age or older; etc.

ROOM:	—	—	—	—	—	—	—	—	—	—
PERSON #:										
(12 yrs or older)	1	2	3	4	5	6	7	8	9	10

ROOM:	—	—	—	—	—	—	—	—	—	—
PERSON #:										
(12 yrs or older)	11	12	13	14	15	16	17	18	19	20

ROOM:	—	—	—	—	—	—	—	—	—	—
PERSON #:										
(12 yrs or older)	21	22	23	24	25	26	27	28	29	30

ROOM:	—	—	—	—	—	—	—	—	—	—
PERSON #:										
(12 yrs or older)	31	32	33	34	35	36	37	38	39	40

ROOM:	—	—	—	—	—	—	—	—	—	—
PERSON #:										
(12 yrs or older)	41	42	43	44	45	46	47	48	49	50

ROOM:	—	—	—	—	—	—	—	—	—	—
PERSON #:										
(12 yrs or older)	51	52	53	54	55	56	57	58	59	60

ROOM:	—	—	—	—	—	—	—	—	—	—
PERSON #:										
(12 yrs or older)	61	62	63	64	65	66	67	68	69	70

[USE CONTINUATION PAGES AS NECESSARY]

SHELTER ASSIGNMENT FORM (SAF)

Random Start: _____

Interval No: _____

Shelter ID #: _____

Data Col. Date: _____

(Month/Day)

A. ASSIGNMENT INFORMATION

Name of Shelter/Motel: _____ Director: _____

Address: _____ Phone: () _____

Contact Person: _____

If Motel, Regional Office: _____ Phone: () _____

Address (Regional Office): _____

	<u>Type of Client</u>	<u>Capacity</u>	<u>Intake Roster</u>	<u>Bed Roster</u>	<u>Room Roster</u>
1. _____		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Planned Data Collection Hours: : pm TO : pm

5. Curfew? YES NO
(If Yes, Explain)

6. Special Instructions: _____

B. TELEPHONE CONTACT MADE BY DATA COLLECTOR

<u>Attempt No.</u>	<u>Date</u>	<u>Time</u>	<u>Comments</u>
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am pm	_____
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am pm	_____
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am pm	_____
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am pm	_____

Final Result of Telephone Contact:

VISIT CONFIRMED, ABOVE INFORMATION CORRECT 1

VISIT CONFIRMED, ABOVE INFORMATION CHANGED 2

VISIT NOT CONFIRMED (NOTIFY SUPERVISOR IMMEDIATELY) 3

NOTIFY YOUR SUPERVISOR OF ALL CHANGES IN SECTION A PRIOR TO SHELTER VISIT.

SAF (Continued)

C. SHELTER VISIT

1. Final Results:

- No problems, data collected according to procedures 1
 Problems, but data collected according to procedures (DESCRIBE IN Q. 1a) ... 2
 Problems, data not collected according to procedures (DESCRIBE IN Q. 1a) ... 3

1a. Please describe any problems and/or alterations to the data collection procedures.

2. Date of Data Collection:

Day Mo. Yr. data collection: To:

3. Actual Hours of From:

: pm

: pm

Roster 1 Roster 2 Roster 3

4. Total number of clients listed on roster at time of departure:
5. Total number of clients sampled from roster:
6. Total number of completed PM interviews:
7. Total number of PM refusals:

8. Number of PM clients scheduled for interview at a later date: (RECORD IDENTIFYING INFORMATION ON CIF)

9. Weather conditions: _____

D. MORNING CALLBACK TO SHELTER

Hello, may I speak to (SHELTER CONTACT)? My name is _____, from RTI. I was there last night conducting interviews for DC*MADS. I'm calling to find out if there anyone else we need to interview. Let me just ask you a few questions to get that information.

Roster 1 Roster 2 Roster 3

1. How many clients arrived after we left last night? (IF NECESSARY, INSTRUCT R TO COUNT THE CLIENTS LISTED BELOW THE LINE DRAWN ON ROSTER.) (IF NONE, THANK R AND END)

2. How many were selected for interview? (IF NONE, THANK R AND END)

3. How many of those selected for interview agreed to participate? (RECORD IDENTIFYING INFORMATION ON CIF) (IF NONE, THANK R AND END)

4. How many did not agree to participate?

DATA COLLECTORS:

(Signature)

ID No.

(Signature)

ID No.

BLOCK ASSIGNMENT FORM (BAF)**A. Assignment Information**

Tract #: _____

Municipality: _____

Block #: _____

Data Collection Date: ____ / ____ / ____

Comments on Location:

B. Scouting Sweep Results

1. Interviewer ID #: _____ 3. Start Time: ____ : ____ am/pm

2. Sweep Date: ____ / ____ / ____ 4. Stop Time: ____ : ____ am/pm

5. Comments on likely location, route or problems:

C. Security Sweep Results

1. Start Time: ____ : ____ am/pm

2. Stop Time: ____ : ____ am/pm

TALLYTOTAL

3. # people asleep: _____

4. # of people who look homeless: _____

5. # of other people to screen: _____

6. # who would not be screened: _____

7. Comments on logistical problems or criminal activity:

8. Special instructions from supervisor:

BAF (Continued)

D. Screening Sweep Results

1. Start Time: ____ : ____ am/pm
2. Stop Time: ____ : ____ am/pm
3. Information on People Not Screened:

#	Time	Location code	Reason code	Comments:
a.	____ : ____	____	____	_____
b.	____ : ____	____	____	_____
c.	____ : ____	____	____	_____
d.	____ : ____	____	____	_____
e.	____ : ____	____	____	_____
f.	____ : ____	____	____	_____
g.	____ : ____	____	____	_____
h.	____ : ____	____	____	_____
i.	____ : ____	____	____	_____
j.	____ : ____	____	____	_____
k.	____ : ____	____	____	_____
l.	____ : ____	____	____	_____

4. # Not eligible: _____
5. # Eligible, who refused to do the interview: _____
6. # Eligible, who had to breakoff interview (explain below): _____
7. # Eligible, scheduled for interviews (explain below): _____
8. # Eligible, who completed interview: _____
9. Data collection problems or issues: _____

10. Weather Conditions: _____

11. Data Collector Certification: _____

#	INTER. ID #	SIGNATURE:	DATE:
a.	_____	_____	____/____/____
b.	_____	_____	____/____/____
c.	_____	_____	____/____/____
d.	_____	_____	____/____/____
e.	_____	_____	____/____/____

Location Codes:

06 MOTEL
 07 SHELTER
 08 TRANSITIONAL
 09 RUNAWAY
 10 DOMESTIC VIOLENCE
 11 PUBLIC CAMPGROUND
 12 CAR/TRUCK
 13 PUBLIC FACILITY
 14 TRANSPORTATION DEPOT

15 VACANT BUILDING
 16 TUNNEL/SEWER
 17 BRIDGE/UNDERPASS
 18 PORCH/OVERHANG
 19 SIDEWALK
 20 CITY PARK
 21 RIVERFRONT
 22 FOREST/FIELD
 80 OTHER

Reason Codes:

01 RF-WORK/SCHOOL
 02 RF-SERVICE
 03 RF-OTHER
 04 POLICE OFFICER
 05 NURSE
 06 OTHER UNIFORM
 07 TAXI DRIVER
 08 NEWSPAPER
 09 JANITOR
 10 OTHER SERVICE
 11 PROSTITUTION
 12 DEALER
 13 FIGHTING
 14 OTHER CRIMINAL
 15 INTOXICATED
 16 OTHER IMPAIRMENT
 80 OTHER

SOUP KITCHEN ASSIGNMENT FORM (SKAF)

A. ASSIGNMENT INFORMATION

1. Soup Kitchen ID #: _____
2. Sampled Day: ____
3. Data Collection Date: ____/____/____ Day: Su M Tu W Th F Sa
4. Name of Soup Kitchen: _____
5. Director: _____
6. Phone: _____
7. Contact Person: _____
8. Phone: _____
9. Location: _____
10. Mobile Unit? Yes No
11. Meal Type: _____ Breakfast, Lunch, Dinner, Food Bank
12. Serving Style: _____ Single Sitting, Multiple Sitting, Mobile, Flow
13. Sampled Meal Hours: ____ : ____ To ____ : ____ A.M./P.M.
14. Data Collection Hours: ____ : ____ To ____ : ____ A.M./P.M.
15. Expected Number of People: _____
16. Special Instructions: _____

B. ON-SITE SELECTION

18. Source of Expectation: SKAF, Provider, Count, Other: _____
19. Revised Expected Number of People: _____
20. Random Start: _____
21. Interval: _____
22. Cases: _____
23. Selection Method: Line, Chairs, Exit, Other: _____

[ATTACH SELECTION CHART TO SKAF]

SKAF (Continued)

C. INTERVIEW RESULTS

24. Final Results: No problems, data collected as expected.....1
 Problems, but data collected as expected.....2
 Problems, data **not** collected as expected.....3
 Please describe problems and/or alteration to procedures:

25. Date of Data Collection: ____ / ____ / ____
 26. Hours of Data Collection: ____ : ____ to ____ : ____ A.M./P.M.
 27. Number of People Actually Sampled:.....
 28. Number of Sampled People Approached:.....
 29. Number of Ineligibles (Explain).....
 30. Number of Refusals:.....
 31. Number of Breakoffs:.....
 32. Number of Scheduled Interviews (Explain and Record on CIF).....
 33. Number of Completed Interviews.....
 34. Weather: Temperature: ____ °F
 Ground: Dry, Wet, Frozen
 Precipitation: Fog, Rain, Sleet(I), Hail, Snow, Clear, Overcast
 High Winds: No Yes
 35. Comments:

D. CALLBACK RESULTS

36. Need for Callbacks: Yes No (Skip to 41)
 37. Callbacks Converted to Refusals.....
 38. Callbacks Converted to No Contacts.....
 39. Callbacks Converted to Breakoffs.....
 40. Callbacks Converted to Completed Interviews.....
 41. Interviewer Certification:

#	INTER. ID#:	SIGNATURE:	DATE:
a.	_____	_____	____/____/____
b.	_____	_____	____/____/____
c.	_____	_____	____/____/____
d.	_____	_____	____/____/____
e.	_____	_____	____/____/____

SHELTER CLIENT LETTER

February, 1991

Dear Friend,

The Research Triangle Institute is asking for your participation in a very important study being conducted in the Washington D.C. metropolitan area for the Department of Health and Human Services. This shelter is one of about 100 emergency shelters and motels for the homeless that has been randomly selected for this study. At each of the shelters and motels, we are interviewing about 5 clients and asking questions about housing, drug use, including alcohol and tobacco, and other topics such as physical and mental health, training and employment. We would like to interview you, and, if you agree, we will pay you \$10 for your time. The interview takes 40 to 50 minutes.

Any information you give during the interview is strictly confidential and will be used by the research staff. Your answers will not be shared with any of the shelter personnel will not affect your ability to stay at the shelter.

The privacy of your answers is protected. We will not record your name or social security number anywhere. We also have a Federal Certificate of Confidentiality. This means that none of the information you give during the interview can be subpoenaed or used against you in any legal proceeding. Your participation is voluntary. If you agree to the interview, you may withdraw from it at any time, or, if there are questions you do not want to answer, you do not have to.

Because you came to the shelter after we left, we would like to talk with you tomorrow, at your convenience, and ask for your participation. We will be glad to answer any questions you may have about the study at that time. Please let the shelter staff know what time tomorrow would be convenient for you, so that (he/she) can tell me when I call. If you are undecided, I will still gladly come to explain the study further and answer your questions.

We hope you will decide to participate in this important study. Thank you for your interest.

Sincerely,

[NAME OF RTI DATA COLLECTOR]

Data Collector, Research Triangle Institute

FOR OFFICE USE ONLY

Quest. ID #

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DC*MADS
HOMELESS AND TRANSIENT POPULATION STUDY
SCREENING QUESTIONNAIRE
STREET SAMPLED RESPONDENT

TRACT ID# _____

BLOCK ID# _____

INTERV. ID# _____

TEMP. ID# _____

DATE: ____-____-____

M M D D Y Y

START

TIME: ____ : ____ AM/PM

H H M M

STREET SCREENER INTRODUCTION

Hello, my name is _____, and I'm from the Research Triangle Institute. I'm working on a study in the D.C. metropolitan area for the U.S. Department of Health and Human Services. I would like to ask you some questions about housing, which will only take 1 or 2 minutes. The answers to these questions will be kept strictly confidential and no names will ever be connected with the survey.

SS-1. First, do you have some place here in the D.C. metropolitan area that you consider to be your home or the place where you sleep regularly?

YES.....1 → [GO TO SS-2]

NO.....2

SS-1a. Do you have some place in a different city, county, or state that you consider to be your home or where you sleep regularly?

YES.....1

NO.....2 → [GO TO MAIN Q]

- SS-2. Is that a house, an apartment, a room, a shelter, a car, or a spot in some public place such as a park bench or bus station? **(PROBE UNTIL YOU GET AN ANSWER THAT INDICATES WHETHER R HAS REGULAR HOUSING OR NOT, RECORD LOCATION)**

REGULAR HOUSING:

A house.....	01
An apartment.....	02
A room, paid for by R.....	03
A boat.....	04
Some other form of regular housing.....	05
(SPECIFY) _____	

OTHER ARRANGEMENTS:

House, apartment or room paid for with municipal emergency housing funds.....	06
General shelter.....	07
Halfway house/transitional housing.....	08
Juvenile/runaway shelter.....	09
Domestic violence shelter.....	10
Public campground.....	11
Car or truck.....	12
Public facility.....	13
Transportation depot.....	14
Vacant building.....	15
Tunnel/sewer.....	16
Underpass/bridge.....	17
Under porch/building structure.....	18
Sidewalk.....	19
City park.....	20
River front.....	21
Forest/fields.....	22
Other nondomicile (SPECIFY BELOW).....	80

→ [GO TO MAIN Q.]

SS-3. Where did you stay last night?

REGULAR HOUSING:

A house.....	01
An apartment.....	02
A room, paid for by R.....	03
A boat.....	04
Some other form of regular housing.....	05
(SPECIFY) _____	

OTHER ARRANGEMENTS:

House, apartment or room paid for with municipal emergency housing funds.....	06
General shelter.....	07
Halfway house/transitional housing.....	08
Juvenile/runaway shelter.....	09
Domestic violence shelter.....	10
Public campground.....	11
Car or truck.....	12
Public facility.....	13
Transportation depot.....	14
Vacant building.....	15
Tunnel/sewer.....	16
Underpass/bridge.....	17
Under porch/building structure.....	18
Sidewalk.....	19
City park.....	20
River front.....	21
Forest/fields.....	22
Other nondomicile (SPECIFY BELOW).....	80

→ [GO TO MAIN Q.]

SS-4. Who does the place you stayed at last night belong to? By belong, I mean who pays the rent or mortgage or owns it?

Self.....	01	→ [SKIP TO BOX A]
Spouse.....	02	
Parent.....	03	
Other relative.....	04	
Sexual partner.....	05	
Friend.....	06	
Someone else.....	07	
(SPECIFY) _____		

SS-4a. Do you have an arrangement with your (parent/relative/partner/friends/this person) to sleep in their place on a regular basis?

YES.....1

NO.....2 → [GO TO MAIN Q.]

BOX A:

Those are all of the questions I have for you. Thank you very much for your time and participation. Let me assure you again that all of the information you have given will be kept confidential. Good-bye.

INTERVIEWER: COMPLETE INTERVIEWER OBSERVATION QUESTIONNAIRE.

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Quest. ID #

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DC*MADS
HOMELESS AND TRANSIENT POPULATION STUDY
MAIN QUESTIONNAIRE

STREET/ENCAMPMENT SAMPLED RESPONDENT

TRACT ID# _____

DATE: ____-____-____

BLOCK ID# _____

M M D D Y Y

INTERV. ID# _____

START

TEMP. ID# _____

TIME: ____ : ____ AM/PM

H H M M

Street-Sampled Respondent Introduction and Consent

As I mentioned before, we are doing a study for the U.S. Department of Health and Human Services. We're interested in talking to persons like yourself who sometimes don't have a regular place to live. I have some other questions about housing, drug use, including alcohol and tobacco, and health and employment. It will take about 40 to 50 minutes. In return, we will give you \$10 for your time.

You should answer the questions as honestly as you can. Again, I want to remind you that any information you give me is strictly confidential and will only be used by the research staff. The privacy of your answers is protected. We will not record your name or social security number anywhere. We also have a Federal Certificate of Confidentiality. (SHOW R) This means that nothing you tell me can be used against you in any legal proceeding.

I would like you to understand that your participation is voluntary. You may withdraw from the interview at any time, or, if there are questions you don't want to answer, you don't have to. (PAUSE TO ANSWER ANY QUESTIONS.)

If it's alright with you, let's get started. I will sign my name here, which shows that you have given me your permission to do this interview.

(INTERVIEWER SIGN AND DATE BELOW)

(Signature of Interviewer)

(Date)

FOR OFFICE USE ONLY

Quest. ID #

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DC*MADS
HOMELESS AND TRANSIENT POPULATION STUDY
MAIN QUESTIONNAIRE

SHELTER SAMPLED RESPONDENT

SHELTER ID# _____

DATE: ____-____-____

M M D D Y Y

INTERV. ID# _____

START

TEMP. ID# _____

TIME: ____ : ____ AM/PM

H H M M

Shelter-Sampled Respondent Introduction and Consent

Hello, my name is _____, and I'm from the Research Triangle Institute. We are doing a study in the D.C. metropolitan area for the U.S. Department of Health and Human Services. I have some questions about housing, and some questions about drug use, including alcohol and tobacco. It will only take about 40 to 50 minutes. In return, we will give you \$10 for your time.

You should answer the questions as honestly as you can. Any information you give me is strictly confidential and will only be used by the research staff. Your answers will not be shared with any of the shelter staff and will not affect your ability to stay at the shelter.

The privacy of your answers is protected. We will not record your name or social security number anywhere. We also have a Federal Certificate of Confidentiality. (SHOW R). This means that nothing you tell me can be subpoenaed or used against you in any legal proceeding.

I would like you to understand that your participation is voluntary. You may withdraw from the interview at any time, or, if there are questions you don't want to answer, you don't have to. (PAUSE TO ANSWER ANY QUESTIONS.)

If it's alright with you, let's get started. I will sign my name here, which shows that you have given me your permission to do this interview.

(INTERVIEWER SIGN AND DATE BELOW)

(Signature of Interviewer)

(Date)

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Questionnaire ID Label

DC*MADS
HOMELESS AND TRANSIENT POPULATION STUDY
MAIN QUESTIONNAIRE

SOUP KITCHEN SAMPLED RESPONDENT

PROGRAM ID# _____

DATE: _____

M M D D Y Y

INTERV. ID# _____

TEMP. ID# _____

TIME: _____ : _____ AM/PM

H H M M

Soup Kitchen-Sampled Respondent Introduction and Consent

Hello, my name is _____, and I'm from the Research Triangle Institute. We are doing a study in the D.C. metropolitan area for the U.S. Department of Health and Human Services. The purpose of the study is to find out how many homeless and transient people have problems, the help that they need and the extent to which their needs are being met. I have some questions about housing, and some questions about drug use, including alcohol and tobacco. It will only take about 40 to 50 minutes. In return, we will give you \$10 for completing the interview.

You should answer the questions as honestly as you can. Any information you give me is strictly confidential and will only be used by the research staff. Your answers will not be shared with any of the program staff and will not affect your ability to receive food, medical or other services from this program.

The privacy of your answers is protected. We will not record your name or social security number anywhere. We also have a Federal Certificate of Confidentiality. (SHOW R). This means that nothing you tell me can be subpoenaed or used against you in any legal proceeding. (OFFER R A COPY TO KEEP)

I would like you to understand that your participation is voluntary. You may withdraw from the interview at any time, or, if there are questions you don't want to answer, you don't have to. (PAUSE TO ANSWER ANY QUESTIONS. OFFER R A COPY OF THE STUDY BROCHURE TO KEEP.)

If it's alright with you, let's get started. I will sign my name here, which shows that you have given me your permission to do this interview.

(INTERVIEWER SIGN AND DATE BELOW)

(Signature of Interviewer)

(Date)

A. HISTORY OF HOMELESSNESS

The phrase "homeless" is used to describe people who do not sleep in a room, apartment or house of their own and who sometimes stay in a shelter, emergency housing, a car, a campground, or have to search for other places to sleep. The first few questions are about being homeless.

A-1. Have you ever been homeless?

YES.....01 → [GO TO A-2]

NO.....02

PROBE FOR NONCONVENTIONAL HOUSING. IF APPLICABLE, READ THE FOLLOWING STATEMENT:

IF NOT APPLICABLE, SKIP TO A-9, AND USE 30 DAYS FOR A-4.

Rather than ask about homelessness, I am going to ask you about things that have happened since you lived in (TYPE OF NONCONVENTIONAL HOUSING).

A-2. (Including this time), how many times in your life have you been homeless? That is, not living in your own room, apartment, or house for a night or more?

TIMES:..... _ _ _

A-3. How old were you the first time you were homeless?

AGE:..... _ _

A-4. How long (have you been homeless this time/were you homeless the last time)? (IF LESS THAN 30 DAYS, PROBE AND RECORD IN DAYS)

DAYS:..... _ _

WEEKS:..... _ _

MONTHS:..... _ _

YEARS:..... _ _

FOR SUBSEQUENT QUESTIONS, USE ANSWER FROM A-4 IF LESS THAN 30 DAYS; USE 30 DAYS IF A-4 IS MORE THAN 30 DAYS OR IF R IS NOT CURRENTLY HOMELESS

IF R IS CURRENTLY HOMELESS, SKIP TO A-5

A-4a. How long ago did your last period of homelessness end?

DAYS:..... _ _

WEEKS:..... _ _

MONTHS:..... _ _

YEARS:..... _ _

A-5. In what kind of place did you live before you became homeless (this/the last) time?

- A house.....01
 An apartment.....02
 A room, paid for by R.....03
 A boat.....04
 Some other form of regular housing.....05
 (SPECIFY) _____

A-6. Who did that place belong to? By belong, I mean who paid the rent or mortgage or owned it?

- Self.....01 → [SKIP TO A-7]
 Spouse.....02
 Parent.....03
 Other relative.....04
 Sexual partner.....05
 Friend.....06
 Someone else.....07
 (SPECIFY) _____

A-6a. Did you have an arrangement with your (parent/relative/partner/ friends/this person) to sleep in their place on a regular basis?

- YES.....01
 NO.....02

A-7. In what city or county was that place located? (PROBE: In what state, district, or territory is that?) (RECORD LOCATION)

- Alexandria, VA.....01
 Arlington, VA.....02
 Calvert County, MD.....03
 Charles County, MD.....04
 District of Columbia (DC).....05
 Fairfax City, VA.....06
 Fairfax County, VA.....07
 Falls Church City, VA.....08
 Frederick County, MD.....09
 Loudoun County, VA.....10
 Manassas City, VA.....11
 Manassas Park City, VA.....12
 Montgomery County, MD.....13
 Prince George's County, MD.....14
 Prince William County, VA.....15
 Stafford County, VA.....16
 Other (SPECIFY) _____ 17

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 USE ONLY
 — — —

- A-8. In what city or county did you sleep (last night/two nights ago)? (PROBE: In what state, district, or territory is that?) (RECORD LOCATION)

Alexandria, VA.....01
 Arlington, VA.....02
 Calvert County, MD.....03
 Charles County, MD.....04
 District of Columbia (DC).....05
 Fairfax City, VA.....06
 Fairfax County, VA.....07
 Falls Church City, VA.....08
 Frederick County, MD.....09
 Loudoun County, VA.....10
 Manassas City, VA.....11
 Manassas Park City, VA.....12
 Montgomery County, MD.....13
 Prince George's County, MD.....14
 Prince William County, VA.....15
 Stafford County, VA.....16
 Other (SPECIFY).....17 →

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 USE ONLY
 — — —

- A-9. Have you ever stayed in a shelter or emergency housing?

YES.....01

NO.....02 → [SKIP TO A-10]

- A-9a. Did you spend any part of last night in a shelter or motel for the homeless?

YES.....01

NO.....02

- A-9b. During the past (# from A-4) days, (while you have been homeless,) on about how many different nights have you stayed in a shelter or emergency housing?

NIGHTS:.....__ __

NONE.....00

- A-9c. Did you spend any time outside of your home or a shelter between 4:00AM and 5:30AM this morning?

YES.....01

NO.....02

A-10. Have you ever used an emergency or soup kitchen?

YES.....01

NO.....02 → [SKIP TO A-11]

A-10a. During the past (# from A-4) days, (while you have been homeless,) on about how many different days have you used an emergency or soup kitchen?

DAYS:.....__ __

A-11. Have you ever talked with someone from an outreach program like Health Care for the Homeless, McKinney Program, or other groups?

YES.....01

NO.....02 → [SKIP TO SECTION B]

A-11a. During the past (# from A-4) days, (while you have been homeless,) on about how many different days have you talked with someone from an outreach program?

DAYS:.....__ __

B. SPECIFIC DRUG USE

Now I would like to ask you about your use of drugs, including tobacco and alcohol.

B-1. About how old were you when you first tried a cigarette?

AGE:.....__ __

NEVER TRIED A CIGARETTE.....91 → [SKIP TO B-2]

B-1a. About how old were you when you first started smoking daily?

AGE:.....__ __

NEVER SMOKED DAILY.....91

B-1b. When was the last time you smoked a cigarette?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01

Within the past month (30 days).....02

1 or more months ago, but less than

6 months ago.....03

6 or more months ago, but less than

1 year ago.....04

1 or more years ago, but less than

3 years ago.....05

3 or more years ago.....06

→ [SKIP TO B-2]

B-1c. How many cigarettes have you smoked per day, on the average, during the past 30 days? Give me the average number per day.

Less than one cigarette a day.....01

1-5 cigarettes a day.....02

About 1/2 pack a day (6-15 cigarettes).....03

About 1 pack a day (16-25 cigarettes).....04

About 1 1/2 packs per day
(26-35 cigarettes).....05

About 2 packs or more a day (over 35
cigarettes).....06

B-2. Have you ever, even just once, drunk alcoholic beverages? This includes beer, wine, or liquor, like whiskey, gin, or scotch, including mixed alcoholic drinks like gin and tonic.

YES.....01

NO.....02 → [SKIP TO B-3]

- B-2a. About how old were you the first time you had a glass of beer or wine or a drink of liquor, such as whiskey, gin, or scotch? Do not include childhood sips that you might have had from an older person's drink.

AGE:..... _ _

- B-2b. When was the last time you drank any alcohol?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01

Within the past month (30 days).....02

1 or more months ago, but less than

6 months ago.....03

6 or more months ago, but less than

1 year ago.....04

1 or more years ago, but less than

3 years ago.....05

3 or more years ago.....06

→ [SKIP TO B-3]

- B-2c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days did you have one or more drinks?

NUMBER OF DAYS:... _ _

NONE.....00 → [SKIP TO B-3]

Now, I would like to ask you some questions about those (ANSWER FROM B-2c) days when you had one or more drinks.

- B-2d. About how many drinks did you usually have in a day on those (ANSWER FROM B-2c) days?

USUAL NUMBER OF DRINKS PER DAY:..... _ _ _

- B-2e. On about how many of those (ANSWER FROM B-2c) days did you have five or more drinks on the same occasion? By occasion we mean at the same time or within a couple of hours of each other.

NUMBER OF DAYS DRANK FIVE

OR MORE DRINKS: _ _

- B-3. The next questions are about marijuana use. Have you ever, even just once, tried marijuana or hashish?

YES.....01

NO.....02 → [SKIP TO B-4]

B-3a. About how old were you the first time you tried marijuana or hash?

AGE:.....__ __

B-3b. When was the last time you used marijuana or hash?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....	01	
Within the past month (30 days).....	02	
1 or more months ago, but less than 6 months ago.....	03	→ [SKIP TO B-4]
6 or more months ago, but less than 1 year ago.....	04	
1 or more years ago, but less than 3 years ago.....	05	
3 or more years ago.....	06	

B-3c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days did you use marijuana or hash?

DAYS:.....__ __

NONE:.....00 → [SKIP TO B-4]

B-3d. What is the total amount of marijuana that you used, in all, during the past (# from A-4) days, while you've been homeless? (IF NECESSARY, PROBE WITH CATEGORIES TO CLARIFY)

Less than 1/4 ounce (up to 5 grams or 10 joints).....	01
About 1/4 ounce (6-10 grams or 11-20 joints).....	02
About 1 ounce (11-42 grams or 21-85 joints).....	03
About 2 ounces (43-72 grams or 86 to 145 joints).....	04
About 3-4 ounces (73-127 grams or 146-255 joints).....	05
About 5-6 ounces (128-185 grams or 256-370 joints).....	06
More than 6-1/2 ounces.....	07

(SPECIFY) _____

B-4. Have you ever, even just once, inhaled or sniffed (breathed or huffed) inhalants for kicks or to get high? These include things like lighter fluid, aerosol sprays, glue, amyl nitrite, "poppers", or locker room odorizers.

YES.....01

NO.....02 → [SKIP TO B-5]

- B-4a. About how old were you the first time you inhaled or sniffed (breathed or huffed) one of these inhalants for kicks or to get high?

AGE:.....__ __

- B-4b. When was the last time you inhaled or sniffed (breathed or huffed) one of these inhalants for kicks or to get high?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....001

Within the past month (30 days).....02

1 or more months ago, but less than

6 months ago.....03

6 or more months ago, but less than

1 year ago.....04

1 or more years ago, but less than

3 years ago.....05

3 or more years ago.....06

→ [SKIP TO B-5]

- B-4c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days did you use an inhalant for kicks or to get high?

DAYS:.....__ __

- B-5. Now I'd like to ask about cocaine use. First, I'll ask you about "crack" cocaine, that is, cocaine in rock or chunk form. Have you ever, even just once, tried "crack" cocaine?

YES.....01

NO.....02 → [SKIP TO B-6]

- B-5a. About how old were you the first time you used "crack" cocaine?

AGE:.....__ __

- B-5b. When was the last time you used "crack" cocaine?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01

Within the past month (30 days).....02

1 or more months ago, but less than

6 months ago.....03

6 or more months ago, but less than

1 year ago.....04

1 or more years ago, but less than

3 years ago.....05

3 or more years ago.....06

→ [SKIP TO B-6]

- B-5c. During the past (# from A-4) days, (while you've been homeless,) on how many different days did you use "crack" cocaine?

DAYS:.....__ __

NONE:.....00 → [SKIP TO B-6]

- B-5d. How many grams of crack cocaine have you used during the past (# from A-4) days, while you've been homeless? (IF NECESSARY, PROBE WITH CATEGORIES TO CLARIFY)

Less than 1/4 gram (1/2 vial or
3 crack rocks).....01
About 1/4 gram (1 vial or 4-5
crack rocks).....02
About 1/2 gram (1 1/2-3 vials or
6-12 crack rocks).....03
About 1 gram (3 1/2-5 vials or
13-25 crack rocks).....04
About 2 grams (6-12 vials or
26-45 crack rocks).....05
More than 2-1/2 grams.....06
(SPECIFY) _____

- B-6. Have you ever, even just once, tried other forms of cocaine? This includes cocaine in the form of powder, free base, or a coca paste.

YES.....01

NO.....02 → [SKIP TO B-7]

- B-6a. About how old were you the first time you tried cocaine other than crack?

AGE:.....__ __

- B-6b. When was the last time you used cocaine other than crack?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01
Within the past month (30 days).....02

1 or more months ago, but less than
6 months ago.....03
6 or more months ago, but less than
1 year ago.....04

→ [SKIP TO B-6e]

1 or more years ago, but less than
3 years ago.....05
3 or more years ago.....06

→ [SKIP TO B-7]

- B-6c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days did you use cocaine other than crack?

DAYS:.....__ __

NONE:.....00 → [SKIP TO B-6e]

- B-6d. How many grams of cocaine other than crack have you used in the past (# from A-4) days, while you've been homeless? (IF NECESSARY, PROBE WITH CATEGORIES TO CLARIFY)

Less than 1/4 gram (4 big lines
of powder).....01
About 1/4 gram (5-8 big lines
of powder).....02
About 1/2 gram (9-16 big lines
of powder).....03
About 1 gram (17-36 big lines
of powder).....04
About 2 grams (37-60 big lines
of powder).....05
About 3 grams (61-85 big lines
of powder).....06
More than 3 1/2 grams.....07
(SPECIFY) _____

- B-6e. In the past 12 months have you used cocaine other than crack by . . .

	<u>YES</u>	<u>NO</u>
(1) Sniffing it through the nose ("snorting")?.....01	01	02
(2) Swallowing or drinking it?.....01	01	02
(3) Injecting it in a muscle or vein with a needle?.....01	01	02
(4) Smoking it?.....01	01	02
(5) Some other way? (DESCRIBE) _____	01	02

- B-7. Have you ever, even just once, tried hallucinogens, such as LSD, PCP, "angel dust", peyote, or mescaline?

YES.....01

NO.....02 → [SKIP TO B-8]

- B-7a. About how old were you the first time you tried LSD, PCP, or another hallucinogen?

AGE:.....__ __

B-7b. When was the last time you used LSD, PCP, or another hallucinogen?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....	01	
Within the past month (30 days).....	02	
1 or more months ago, but less than		} → [SKIP TO B-8]
6 months ago.....	03	
6 or more months ago, but less than		
1 year ago.....	04	
1 or more years ago, but less than		
3 years ago.....	05	
3 or more years ago.....	06	

B-7c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days did you use LSD or PCP or another hallucinogen?

DAYS:.....__ __

B-8. I would like to ask about heroin use next. Have you ever, even just once, tried heroin?

YES.....01

NO.....02 → [SKIP TO B-9]

B-8a. About how old were you the first time you tried heroin?

AGE:.....__ __

B-8b. When was the last time you used heroin?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....	01	
Within the past month (30 days).....	02	
1 or more months ago, but less than		} → [SKIP TO B-8d]
6 months ago.....	03	
6 or more months ago, but less than		
1 year ago.....	04	
1 or more years ago, but less than		} → [SKIP TO B-9]
3 years ago.....	05	
3 or more years ago.....	06	

B-8c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days did you use heroin?

DAYS:.....__ __

B-8d. In the past 12 months have you used heroin by . . .

	<u>YES</u>	<u>NO</u>
(1) Sniffing it through the nose ("snorting")?.....	01	02
(2) Swallowing or drinking it?.....	01	02
(3) Injecting it in a muscle or vein with a needle?.....	01	02
(4) Smoking it?.....	01	02
(5) Some other way? (DESCRIBE).....	01	02

B-9. Have you ever, even just once, used the smokable form of methamphetamine sometimes called "ice"?

YES.....01

NO.....02 → [SKIP TO B-10]

B-9a. About how old were you the first time you tried "ice"?

AGE:.....__ __

B-9b. When was the last time you used "ice"?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01

Within the past month (30 days).....02

1 or more months ago, but less than
6 months ago.....03

6 or more months ago, but less than
1 year ago.....04

1 or more years ago, but less than
3 years ago.....05

3 or more years ago.....06

→ [SKIP TO BOX B]

B-9c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days did you use "ice"?

DAYS:.....__ __

BOX B:

Now we are interested in the nonmedical use of prescription-type drugs. Nonmedical use of these drugs is any use on your own, that is, for any reason other than a doctor said you should take them, such as for kicks, to get high, to feel good, or curiosity about the effect.

(SHOW PILL CARD I)

Stimulants, or "uppers" or "speed" include amphetamines, Preludin, and forms of methamphetamine other than "ice."

B-10. Have you ever, even just once, taken stimulants for any nonmedical reason?

YES.....01

NO.....02 → [SKIP TO BOX C]

B-10a. About how old were you the first time you took a stimulant for nonmedical reasons?

AGE:.....__ __

B-10b. When was the last time you took any stimulant for nonmedical reasons?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....1

Within the past month (30 days).....02

1 or more months ago, but less than
6 months ago.....03

6 or more months ago, but less than
1 year ago.....04

1 or more years ago, but less than
3 years ago.....05

3 or more years ago.....06

→ [SKIP TO BOX C]

B-10c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days have you taken stimulants for any nonmedical reason?

DAYS:.....__ __

BOX C:

(SHOW PILL CARDS II, III, and IV)

Sedatives or "downers" include barbiturates, sleeping pills, and Seconal; tranquilizers or "nerve pills" are antianxiety drugs like Librium, Valium, Ativan, and Meprobamate; analgesics include pain killers like Darvon, Demerol, Percodan, and Tylenol with codeine.

- B-11. Have you ever, even just once, taken sedatives, tranquilizers, or analgesics for any nonmedical reason?

YES.....01

NO.....02 → [SKIP TO B-12]

- B-11a. About how old were you the first time you took a sedative, tranquilizer, or analgesic for nonmedical reasons?

AGE:.....__ __

- B-11b. When was the last time you took a sedative, tranquilizer, or analgesic for nonmedical reasons?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01

Within the past month (30 days).....02

1 or more months ago, but less than

6 months ago.....03

6 or more months ago, but less than

1 year ago.....04

1 or more years ago, but less than

3 years ago.....05

3 or more years ago.....06

→ [SKIP TO B-12]

- B-11c. During the past (# from A-4) days, (while you've been homeless,) on about how many different days have you taken sedatives, tranquilizers, or analgesics for any nonmedical reason?

DAYS:.....__ __

- B-12. Have you ever, even just once, taken any other drugs I have not asked you about? Please do not include drugs according to a doctor's prescription. (IF YES, PROBE:) What drug(s) (was/were) (that/those)?

NO:.....000

FOR OFFICE
USE ONLY

C. GENERAL DRUG USE

Now, I'd like to ask some general questions about drug use and alcohol use.

(SHOW SUBSTANCE CARD)

I would like you to refer to this card when responding to the questions. You can tell me either the name or number for your answers.

C-1. In the last 12 months which of these drugs, if any, did you use at the same time or within a couple of hours of when you drank beer, wine, or liquor? (CIRCLE ALL THAT APPLY)

CIGARETTES.....	01
ALCOHOL.....	02
(beer, wine, hard liquor)	
MARIJUANA.....	03
(reefer, hash, THC)	
INHALANTS.....	04
(glue, amyl nitrite, poppers, aerosol sprays)	
CRACK COCAINE.....	05
OTHER COCAINE.....	06
HALLUCINOGENS.....	07
(LSD, PCP, peyote, mescaline, ecstasy)	
HEROIN.....	08
SMOKABLE METHAMPHETAMINE.....	09
(ice)	
OTHER STIMULANTS.....	10
(amphetamines, forms of metham- phetamines other than ice, Preludin, uppers, speed)	
SEDATIVES.....	11
(barbituates, sleeping pills, Seconal, downers)	
TRANQUILIZERS.....	12
(Librium, Valium, benzodiazepine)	
ANALGESICS.....	13
(Darvon, Demerol, Talwin, Talacen)	
OTHER (SPECIFY)	14
<hr/>	
DID NOT USE DRUGS WITH ALCOHOL IN PAST 12 MONTHS.....	91
DID NOT USE ANY DRUGS.....	92

IF R HAS NEVER USED DRUGS OTHER THAN ALCOHOL, SKIP TO C-4

C-2. Have you ever used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

YES.....01

NO.....02 → [SKIP TO C-3]

- C-2a. Which of these drugs did you ever get injected into yourself with a needle, for nonmedical reasons? (CIRCLE ALL THAT APPLY)

CIGARETTES.....	01
ALCOHOL.....	02
(beer, wine, hard liquor)	
MARIJUANA.....	03
(reefer, hash, THC)	
INHALANTS.....	04
(glue, amyl nitrite, poppers, aerosol sprays)	
CRACK COCAINE.....	05
OTHER COCAINE.....	06
HALLUCINOGENS.....	07
(LSD, PCP, peyote, mescaline, ecstasy)	
HEROIN.....	08
SMOKABLE METHAMPHETAMINE.....	09
(ice)	
OTHER STIMULANTS.....	10
(amphetamines, forms of metham- phetamines other than ice, Preludin, uppers, speed)	
SEDATIVES.....	11
(barbituates, sleeping pills, Seconal, downers)	
TRANQUILIZERS.....	12
(Librium, Valium, benzodiazepine)	
ANALGESICS.....	13
(Darvon, Demerol, Talwin, Talacen)	
OTHER (SPECIFY)	14

(TAKE BACK CARD)

- C-2b. When was the last time you used any drug for nonmedical reasons with a needle?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....	01
Within the past month (30 days).....	02
1 or more months ago, but less than 6 months ago.....	03
6 or more months ago, but less than 1 year ago.....	04
1 or more years ago, but less than 3 years ago.....	05
3 or more years ago.....	06

- C-2c. Have you ever used a needle that you know or suspect has been used by someone else including family members to inject drugs?

YES.....01

NO.....02 → [SKIP TO C-2e]

For the next questions, I would like you to answer some questions about drugs you have injected in the last 12 months. Please respond with one of the categories from this card.

(HAND R NEEDLE USE CARD)

- C-2d. During the past 12 months, how often did you use a needle or syringe that someone else may have used? (CIRCLE ONE)

Never.....01
 Rarely or almost never.....02
 Occasionally.....03
 About half the time.....04
 Most of the time.....05
 Almost always.....06
 Always.....07

- C-2e. Have you ever let someone else including family members use your needle to inject drugs?

YES.....01

NO.....02 → [SKIP TO C-2g]

- C-2f. During the past 12 months, how often did you let someone else use your needle to inject drugs? (CIRCLE ONE)

Never.....01
 Rarely or almost never.....02
 Occasionally.....03
 About half the time.....04
 Most of the time.....05
 Almost always.....06
 Always.....07

C-2g. During the last 12 months, how often did you shoot up in a shooting gallery?
(CIRCLE ONE)

Never.....01
Rarely or almost never.....02
Occasionally.....03
About half the time.....04
Most of the time.....05
Almost always.....06
Always.....07

C-2h. During the last 12 months, how often did you clean your works with alcohol or bleach or by boiling them? (CIRCLE ONE)

Never.....01
Rarely or almost never.....02
Occasionally.....03
About half the time.....04
Most of the time.....05
Almost always.....06
Always.....07

(TAKE BACK CARD)

C-2i. During the past 12 months, with how many people in all have you shared your works?

NUMBER OF PEOPLE:.. _ _ _ _

C-3. On those occasions that you have used drugs, where did you usually use them? (PROBE: For example [READ FROM LIST])

(CIRCLE ALL THAT APPLY)

At home.....01
At someone else's home.....02
At a party.....03
At a shooting gallery.....04
In an open place (park, street, vacant building) or in a car.....05
Somewhere else? (PROBE: Where?).....06

C-3a. Who were you usually with when you used drugs other than alcohol? (PROBE: For example [READ FROM LIST])

(CIRCLE ALL THAT APPLY)

Alone.....	01
Sexual partner.....	02
Family.....	03
Friends.....	04
Running/walking partner.....	05
Someone else.....	06

I am going to read you some activities having to do with alcohol and drug use.

Please tell me how much you think people risk harming themselves physically or in other ways for each activity I read. Tell me if this activity puts people at "no risk", "slight risk", "moderate risk", or "great risk".

	<u>No Risk</u>	<u>Slight Risk</u>	<u>Moderate Risk</u>	<u>Great Risk</u>
C-4a. Smoking marijuana regularly?.....	01	02	03	04
C-4b. Smoking marijuana occasionally?.....	01	02	03	04
C-4c. Trying marijuana once or twice?.....	01	02	03	04
C-4d. Using "crack" regularly?.....	01	02	03	04
C-4e. Using "crack" occasionally?.....	01	02	03	04
C-4f. Using cocaine regularly?.....	01	02	03	04
C-4g. Using cocaine occasionally?.....	01	02	03	04
C-4h. Trying cocaine once or twice?.....	01	02	03	04
C-4i. Having four or five drinks nearly every day?.....	01	02	03	04
C-4j. Having five or more drinks on the same occasion once or twice a week?.....	01	02	03	04
C-4k. Having one or two drinks nearly every day?.....	01	02	03	04
C-4l. Selling drugs?.....	01	02	03	04

I'd like to ask about your overall experience in the past year with the drugs listed on this card.

(SHOW SUBSTANCE CARD)

C-5. During the last 12 months, for which drugs, if any, have you needed larger amounts to get the same effect, or, for which drugs could you no longer get high on the same amount you used to use? Just give me the name or number of each drug from this card. (CIRCLE ALL THAT APPLY)

CIGARETTES.....	01
ALCOHOL.....	02
(beer, wine, hard liquor)	
MARIJUANA.....	03
(reefer, hash, THC)	
INHALANTS.....	04
(glue, amyl nitrite, poppers, aerosol sprays)	
CRACK COCAINE.....	05
OTHER COCAINE.....	06
HALLUCINOGENS.....	07
(LSD, PCP, peyote, mescaline, ecstasy)	
HEROIN.....	08
SMOKABLE METHAMPHETAMINE.....	09
(ice)	
OTHER STIMULANTS.....	10
(amphetamines, forms of metham- phetamines other than ice, Preludin, uppers, speed)	
SEDATIVES.....	11
(barbituates, sleeping pills, Seconal, downers)	
TRANQUILIZERS.....	12
(Librium, Valium, benzodiazepine)	
ANALGESICS.....	13
(Darvon, Demerol, Talwin, Talacen)	
OTHER (SPECIFY)	14

DID NOT NEED LARGER AMOUNTS OF ANY

DRUG USED.....91

DID NOT USE DRUGS (IN LAST 12 MONTHS).....94 → [SKIP TO C-8]

- C-6. Please give me the name or number of each drug, if any, for which you have had withdrawal symptoms; that is, you felt sick because you stopped or cut down on your use of that drug during the last 12 months? (CIRCLE ALL THAT APPLY)

CIGARETTES.....	01
ALCOHOL.....	02
(beer, wine, hard liquor)	
MARIJUANA.....	03
(reefer, hash, THC)	
INHALANTS.....	04
(glue, amyl nitrite, poppers, aerosol sprays)	
CRACK COCAINE.....	05
OTHER COCAINE.....	06
HALLUCINOGENS.....	07
(LSD, PCP, peyote, mescaline, ecstasy)	
HEROIN.....	08
SMOKABLE METHAMPHETAMINE.....	09
(ice)	
OTHER STIMULANTS.....	10
(amphetamines, forms of metham- phetamines other than ice, Preludin, uppers, speed)	
SEDATIVES.....	11
(barbituates, sleeping pills, Seconal, downers)	
TRANQUILIZERS.....	12
(Librium, Valium, benzodiazepine)	
ANALGESICS.....	13
(Darvon, Demerol, Talwin, Talacen)	
OTHER (SPECIFY)	14
<hr/>	
DID NOT HAVE WITHDRAWAL SYMPTOMS (IN THE LAST 12 MONTHS).....	91

C-7. Please give me the name or number of each drug, if any, that you have tried to cut down on your use of during the last 12 months. (CIRCLE ALL THAT APPLY)

CIGARETTES.....	01
ALCOHOL.....	02
(beer, wine, hard liquor)	
MARIJUANA.....	03
(reefer, hash, THC)	
INHALANTS.....	04
(glue, amyl nitrite, poppers, aerosol sprays)	
CRACK COCAINE.....	05
OTHER COCAINE.....	06
HALLUCINOGENS.....	07
(LSD, PCP, peyote, mescaline, ecstasy)	
HEROIN.....	08
SMOKABLE METHAMPHETAMINE.....	09
(ice)	
OTHER STIMULANTS.....	10
(amphetamines, forms of metham- phetamines other than ice, Preludin, uppers, speed)	
SEDATIVES.....	11
(barbituates, sleeping pills, Seconal, downers)	
TRANQUILIZERS.....	12
(Librium, Valium, benzodiazepine)	
ANALGESICS.....	13
(Darvon, Demerol, Talwin, Talacen)	
OTHER (SPECIFY)	14
<hr/>	
DID NOT TRY TO CUT DOWN ON ANY DRUGS (IN THE LAST 12 MONTHS).....	91

(TAKE BACK CARD)

Next, I am going to ask you some questions about when you drank alcohol in the last 12 months. For each statement, please answer yes or no.

C-8. In the past 12 months, have you

R HAS NOT DRUNK ALCOHOL IN THE LAST 12 MONTHS.....93
SKIP TO C-9

		<u>YES</u>	<u>NO</u>
C-8a.	Felt aggressive or mad while drinking?.....	01	02
C-8b.	Been high or a little drunk when on the job or at school?.....	01	02
C-8c.	Had any family member, other relatives, or friends tell you that you should cut down on drinking?.....	01	02
C-8d.	Tossed down several drinks pretty fast to get a quicker effect?.....	01	02
C-8e.	Been afraid you might be an alcoholic or that you might become one?.....	01	02
C-8f.	Awakened unable to remember some of the things you had done while drinking the day before?.....	01	02
C-8g.	Had a quick drink or so when no one was looking?.....	01	02
C-8h.	Had your hands shake a lot after drinking the day before?.....	01	02
C-8i.	Sometimes gotten high or a little drunk when drinking by yourself?.....	01	02

C-9. In the past 12 months, have you had any of these problems because of your drug use?

R HAS NOT HAD DRUGS IN THE LAST 12 MONTHS93
SKIP TO SECTION D

		<u>YES</u>	<u>NO</u>
C-9a.	Became depressed or lost interest in things?.....	01	02
C-9b.	Had arguments and fights with family or friends?.....	01	02
C-9c.	Got less work done than usual at school or work?.....	01	02
C-9d.	Found it difficult to think clearly?.....	01	02
C-9e.	Felt nervous and anxious?.....	01	02
C-9f.	Had to get emergency medical help?.....	01	02

D. TREATMENT

The next few questions are about treatment or counseling you may have received for alcohol and drug use.

- D-1. How many times in your life have you received treatment or counseling for problems related to your alcohol or drug use?

TIMES: — —

NONE.....00 → [SKIP TO SECTION E]

- D-1a. Think of the last time you received treatment or counseling. Was this treatment or counseling for alcohol problems, drug problems, or both?

Alcohol problems.....01 → [SKIP TO D-1c]
 Drug problems.....02
 Both.....03

(SHOW SUBSTANCE CARD)

- D-1b. For what drugs were you treated (the most recent time you received treatment)?
 (CIRCLE ALL THAT APPLY)

CIGARETTES.....01
 ALCOHOL.....02
 (beer, wine, hard liquor)
 MARIJUANA.....03
 (reefer, hash, THC)
 INHALANTS.....04
 (glue, amyl nitrite, poppers, aerosol sprays)
 CRACK COCAINE.....05
 OTHER COCAINE.....06
 HALLUCINOGENS.....07
 (LSD, PCP, peyote, mescaline, ecstasy)
 HEROIN.....08
 SMOKABLE METHAMPHETAMINE.....09
 (ice)
 OTHER STIMULANTS.....10
 (amphetamines, forms of metham-
 phetamines other than ice, Preludin,
 uppers, speed)
 SEDATIVES.....11
 (barbituates, sleeping pills,
 Seconal, downers)
 TRANQUILIZERS.....12
 (Librium, Valium, benzodiazepine)
 ANALGESICS.....13
 (Darvon, Demerol, Talwin, Talacen)
 OTHER (SPECIFY)14

(TAKE BACK CARD)

D-1c. What kind of treatment or counseling was that? (PROBE WITH RESPONSE CATEGORIES IF NECESSARY)

(CIRCLE ALL THAT APPLY)

Hospital detoxification.....	01
Other hospital-based inpatient.....	02
Jail or prison program.....	03
Therapeutic community (TC).....	04
Halfway house.....	05
Juvenile treatment program.....	06
Other short-term residential.....	07
Other long-term residential.....	08
Methadone detoxification.....	09
Methadone maintenance.....	10
Other out-patient detoxification.....	11
Out-patient drug free.....	12
Employee assistance program (EAP).....	13
Individual counselor, psychologist, or psychiatrist.....	14
Alcoholics Anonymous.....	15
Narcotics Anonymous.....	16
Other self-help group.....	17
Other (SPECIFY) _____	18
<hr/>	
Does not recall type of treatment.....	19

D-1d. When was the last time you received treatment or counseling (related to your alcohol/drug use)?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....	01
Within the past month (30 days).....	02
1 or more months ago, but less than 6 months ago.....	03
6 or more months ago, but less than 1 year ago.....	04
1 or more years ago, but less than 3 years ago.....	05
3 or more years ago.....	06

D-1e. How long was the last treatment or counseling you received?

DAYS:..... _ _ _ _

1 MO = 30 DAYS
3 MO = 91 DAYS
6 MO = 182 DAYS
12 MO = 365 DAYS
2 YR = 730 DAYS
5 YR = 1,825 DAYS
10 YR = 3,650 DAYS

D-1f. Why did you leave treatment?

STILL IN TREATMENT.....01
 TRANSFERRED TO ANOTHER PROGRAM...02
 SUCCESSFUL TERMINATION.....03
 PROBLEM WITH PROGRAM.....04
 MONEY.....05
 FAMILY NEEDED ME.....06
 RELATSE.....07
 OTHER (SPECIFY) _____08

E. LEGAL ISSUES

Now I am going to ask you some questions about things that people do that might get them in trouble.

E-1. In the past 12 months, have you ever . . .

	<u>YES</u>	<u>NO</u>
E-1a. Driven a car or motor vehicle while under the influence of drugs or alcohol?.....	01	02
E-1b. Sold drugs to another person?.....	01	02
E-1c. Been paid or been given drugs for having sex with someone?.....	01	02
E-1d. Traded sex for shelter or food?.....	01	02
E-1e. Received drugs in exchange for making or distributing drugs?.....	01	02

E-2. Are you currently on probation or parole?

YES.....01

NO.....02

E-3. How many times in the last 12 months, if any, have you been arrested?

NUMBER OF ARRESTS:.....__ __ __

ASK PART "A" FOR EACH ACTIVITY LISTED. IF THE ANSWER TO "A" IS NO, SKIP TO THE NEXT QUESTION. IF THE ANSWER IF YES, ASK PART "B" FOR THAT ACTIVITY.

A. Have you ever, in your lifetime... [READ FROM LIST]

B. [IF YES] Were you ever arrested for this?

		A.		B.	
		<u>EVER?</u>		<u>EVER ARRESTED?</u>	
		<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
E-4.	Manufactured, sold, or intended to distribute drugs?.....	01	02	01	02
E-5.	Committed a property offense, such as burglary, larceny, or theft?.....	01	02	01	02
E-6.	Committed a robbery, mugging, or purse snatching with force?.....	01	02	01	02
E-7.	Committed an attack on a person, such as assault, kidnapping, rape, manslaughter, or homicide?.....	01	02	01	02

F. PHYSICAL HEALTH

Now let's talk about your physical health.

F-1. In the last 12 months, have you been told by a doctor or nurse that you have . . .

	<u>YES</u>	<u>NO</u>
a. Hepatitis or yellow jaundice?.....	01	02
b. Syphilis, gonorrhea, or other sexually transmitted diseases?.....	01	02
c. Tuberculosis (TB)?.....	01	02
d. AIDS, ARC, or HIV?.....	01	02

F-2. During the last 12 months, did you have any of the following illnesses, conditions, or problems? (READ LIST AND CIRCLE RESPONSE)

	<u>YES</u>	<u>NO</u>
F-2a. Respiratory system or breathing problems such as bronchitis, asthma, hay fever, pneumonia, emphysema, flu, or colds?.....	01	02
F-2b. Heart or circulatory system problems including high blood pressure, anemia, heart disease?.....	01	02
F-2c. Digestive system or stomach problems such as ulcers or colitis?.....	01	02
F-2d. Bone and muscle problems such as paralysis, bursitis, arthritis?.....	01	02
F-2e. Nervous system problems such as epilepsy, migraines, convulsions?.....	01	02
F-2f. Skin ulcers or rashes?.....	01	02

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USE ONLY

— — —

— — —

— — —

— — —

— — —

— — —

F-3. Are you currently taking any prescribed medication on a regular basis for a physical problem?

YES.....01

NO.....02 → [SKIP TO F-4]

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F-3a. For what problems?

IF R IS MALE, SKIP TO F-5

F-4. Have you ever been pregnant?

YES.....01

NO.....02 → [SKIP TO F-5]

F-4a. Approximately when did your last pregnancy begin?

(SHOW RECENCY CARD, IF NECESSARY)

1 or more months ago, but less than
6 months ago.....03
6 or more months ago, but less than
1 year ago.....04
1 or more years ago, but less than
3 years ago.....05
3 or more years ago.....06

F-4b. During your last pregnancy, how many cigarettes did you smoke per day?

None.....01
Less than one cigarette a day.....02
1-5 cigarettes a day.....03
About 1/2 pack a day (6-15 cigarettes).....04
About 1 pack a day (16-25 cigarettes).....05
About 1 1/2 packs a day (26-35 cigarettes).....06
About 2 packs or more a day (over 35
cigarettes).....07

F-4c. During your last pregnancy, how often did you usually drink alcoholic beverages, that is, beer, wine, or liquor?

Daily.....01
Almost daily or 3-6 days a week.....02
1-2 days a week.....03
Several times a month.....04
Monthly or less.....05
Never.....06

In the next set of questions, we are interested in your use of both illegal drugs and your use of prescription-type drugs without a doctor's approval while you (were/are) pregnant.

(SHOW SUBSTANCE CARD)

FOR EACH CIRCLED ITEM, ASK:

F-4d. During your last pregnancy, did you ever take any of these other drugs or medications?
(CIRCLE ALL THAT APPLY)

F-4e. How often during your pregnancy did you use (DRUG)?

NO DRUGS USED.....91		3-6	1-2	2-4	1 or
[SKIP TO F-5]		Days/	Days/	Times/	Less/
	Daily	Week	Week	Month	Month
Marijuana.....01	01	02	03	04	05
Inhalants.....02	01	02	03	04	05
Crack cocaine.....03	01	02	03	04	05
Other cocaine.....04	01	02	03	04	05
Hallucinogens.....05	01	02	03	04	05
Heroin.....06	01	02	03	04	05
Smokable methamphetamine.....07	01	02	03	04	05
Other stimulants.....08	01	02	03	04	05
Sedatives.....09	01	02	03	04	05
Tranquilizers.....10	01	02	03	04	05
Analgesics.....11	01	02	03	04	05

F-5. Do you belong to a health plan or have any health insurance such as Blue Cross/Blue Shield, Medicaid, or other insurance?

YES.....01

NO.....02 → [SKIP TO F-6]

F-5a. Was your health insurance coverage from a plan in your own name, your spouse, your parents, some other relative, or someone else? (CIRCLE ALL THAT APPLY)

Self.....01
 Spouse.....02
 Parents.....03
 Other relative.....04
 Other person (SPECIFY) _____ 05

F-5b. What type of health plan or insurance do you have? (CIRCLE ALL THAT APPLY)

Medicare.....	01
Medicaid.....	02
CHAMPUS (Civilian Hospital and Medical Program for the Uniformed Services).....	03

→ [SKIP TO F-5d]

Blue Cross/Blue Shield.....	04
Health Plan (HMO, PPO).....	05
Other private insurance.....	06

Other (SPECIFY) _____ 07

DOES NOT KNOW _____ 09

F-5c. Was your insurance obtained directly by you or a member of your family, through a current employer, former employer, union, or other group?

Directly.....	01
Current employer.....	02
Former employer.....	03
Union.....	04
Other group (SPECIFY) _____	05

F-5d. Would this (these) health plan(s) or insurance cover some or all of the cost of treatment for drug abuse?

All or most.....	01
Some.....	02
None.....	03
DOES NOT KNOW.....	09

F-6. How many times in your life have you been hospitalized overnight for a medical problem?

TIMES:..... _ _ _

NONE.....000 → [SKIP TO F-7]

F-6a. In the past 12 months, how many times have you been hospitalized overnight for medical problems?

TIMES:..... _ _

NONE.....00

F-6b. When was the last time you were hospitalized overnight for medical problems?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....	01
Within the past month (30 days).....	02
1 or more months ago, but less than	
6 months ago.....	03
6 or more months ago, but less than	
1 year ago.....	04
1 or more years ago, but less than	
3 years ago.....	05
3 or more years ago.....	06

F-6c. For how many nights were you in the hospital for that particular stay?

NIGHTS:.....__ __ __

F-7. How many times in your life have you been treated in an emergency room for a medical problem?

TIMES:.....__ __ __

NONE.....000 → [SKIP TO F-8]

F-7a. When was the last time you were treated in an emergency room for a medical problem?
(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....	01	
Within the past month (30 days).....	02	
1 or more months ago, but less than		
6 months ago.....	03	
6 or more months ago, but less than		
1 year ago.....	04	
1 or more years ago, but less than		
3 years ago.....	05	→ [SKIP TO F-8]
3 or more years ago.....	06	

F-7b. In the past 12 months, how many times have you been treated in an emergency room for a medical problem?

TIMES:.....__ __

NONE.....00

F-7c. How many of these times were related to your alcohol use, drug use, or both?
(RECORD NUMBER OR "00" FOR EACH RESPONSE CATEGORY)

NUMBER OF ALCOHOL-RELATED TIMES:.....__ __

NUMBER OF DRUG-RELATED TIMES:.....__ __

NUMBER OF BOTH:.....__ __

F-8. Excluding hospitalizations and emergency room visits, when was the last time you visited a doctor or other health professional?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01

Within the past month (30 days).....02

1 or more months ago, but less than

6 months ago.....03

6 or more months ago, but less than

1 year ago.....04

1 or more years ago, but less than

3 years ago.....05

3 or more years ago.....06

→ [SKIP TO SECTION G]

F-8a. In the past 12 months, how many times have you been to a doctor or other health professional--again, excluding hospitalizations and emergency room visits?

TIMES:..... _ _ _

NONE.....000 → [SKIP TO SECTION G]

F-8b. Which of the following best describes the kind of place where the last of these visits took place? (READ AND CIRCLE ONE)

Doctor's office.....01

Private health clinic.....02

Outpatient clinic.....03

Public community health center.....04

Shelter clinic.....05

School clinic.....06

Prison or jail clinic.....07

Mobile outreach team.....08

Some other place (SPECIFY) _____ 09

G. PSYCHOLOGICAL STATUS

Next, I am going to mention some problems that people sometimes have. For each problem, please tell me if you have ever experienced it and if so, have you experienced it during the last 30 days. As you answer, do not include problems that were caused only by drug or alcohol use.

ASK PART "A" FOR EACH PROBLEM LISTED. IF THE ANSWER TO "A" IS NO, SKIP TO THE NEXT QUESTION. IF THE ANSWER TO "A" IS YES, ASK PART "B" FOR THAT PROBLEM.

- A. Have you had a significant period in your life in which you...[READ PROBLEM FROM BELOW]?
 B. How about in the past 30 days?

	<u>PROBLEM</u>	<u>A.</u> <u>Life-</u> <u>time</u>		<u>B.</u> <u>Past</u> <u>30 days</u>	
		<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
G-1.	Experienced serious depression?.....	01	02	01	02
G-2.	Experienced serious anxiety or tension?.....	01	02	01	02
G-3.	Experienced hallucinations?.....	01	02	01	02
G-4.	Experienced trouble understanding, concentrating, or remembering?.....	01	02	01	02
G-5.	Experienced trouble controlling yourself or your thoughts?.....	01	02	01	02
G-6.	Got into arguments or fights with other people?.....	01	02	01	02
G-7.	Felt suspicious and distrustful of people?.....	01	02	01	02
G-8.	Experienced serious thoughts of suicide?.....	01	02	01	02
	[IF NO, SKIP TO G-10]				
G-9.	Ever attempted suicide?.....	01	02	01	02

Now I am going to ask you about times when you may have gotten help with psychological or emotional problems.

- G-10. How many times, if any, have you been admitted to a hospital for any kind of psychological or emotional problem, or for your "nerves"?

TIMES:..... _ _ _

NONE.....000 → [SKIP TO G-11]

G-10a. When was the last time you were in a hospital for any kind of psychological or emotional problem, or for your "nerves"?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01
 Within the past month (30 days).....02
 1 or more months ago, but less than
 6 months ago.....03
 6 or more months ago, but less than
 1 year ago.....04
 1 or more years ago, but less than
 3 years ago.....05
 3 or more years ago.....06

G-10b. How many days were you in the hospital during that stay?

DAYS:.....__ __ __

G-11. How many times, if any, have you been treated as an out-patient in a clinic or doctor's office for any kind of psychological or emotional problem, or for your "nerves"?

TIMES:.....__ __ __

NONE.....000 → [SKIP TO G-12]

G-11a. When was the last time you were treated as an out-patient in a clinic or doctor's office for any kind of psychological or emotional problems, or for your "nerves"?

(SHOW RECENCY CARD, IF NECESSARY)

Within the past week (7 days).....01
 Within the past month (30 days).....02
 1 or more months ago, but less than
 6 months ago.....03
 6 or more months ago, but less than
 1 year ago.....04
 1 or more years ago, but less than
 3 years ago.....05
 3 or more years ago.....06

G-11b. How many weeks (were you/have you been) in treatment or counseling?

WEEKS:.....__ __ __

G-12. Have you ever taken any prescribed medicine for a psychological or emotional problem, or for your "nerves"?

YES.....01

NO.....02 → [SKIP TO SECTION H]

G-12a. What was the name of the medicine or what was it for?
(CIRCLE ALL THAT APPLY)

ASCENDIN.....	01
AVENTYL.....	02
CLOZARIL.....	03
DESYREL.....	04
ELAVIL.....	05
HALDOL.....	06
LITHIUM.....	07
LOXITANE.....	08
LUDIOMIL.....	09
MELLARIL.....	10
MOBAN.....	11
NARDIL.....	12
NAVANE.....	13
NORPRAMIN.....	14
PAMELOR.....	15
PARNATE.....	16
PROLIXIN.....	17
PROZAC.....	18
SERENTIL.....	19
SINEQUAN.....	20
STELAZINE.....	21
TEGRETOL.....	22
THORAZINE.....	23
TOFRANIL.....	24
TRIAVIL.....	25
TRILAFON.....	26
VALPRIC ACID.....	27
OTHER DRUG (SPECIFY) _____	28

REASON (SPECIFY) _____ 29

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SP1 _____
SP2 _____
SP3 _____
SP1 _____

H. EMPLOYMENT AND FINANCES

These questions are about your employment, your participation in public assistance programs, and your finances.

H-1. In what month and year did you last work for pay?

MONTH:.....__ __

YEAR:..... 1 9 __ __

NEVER WORKED FOR PAY.....00 → [SKIP TO H-2]

H-1a. What kind of work (are/were) you doing (now/when you last worked for pay)? (IF NOT OBVIOUS, SPECIFY UNDER "OTHER")

PROFESSIONAL OR TECHNICAL.....01

MANAGER OR ADMINISTRATOR.....02

SALES.....03

CLERICAL OR OFFICE WORKER.....04

CRAFT OR SKILLED LABOR.....05

MACHINE OPERATOR.....06

TRANSPORTATION EQUIPMENT
OPERATIVE.....07

NONFARM LABORER.....08

PRIVATE HOUSEHOLD WORKER.....09

SERVICE WORKER.....10

FARM AND FARM MANAGER.....11

FARM LABORER.....12

MILITARY SERVICE.....13

OTHER (SPECIFY) _____ 14 →

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IF R HAS NOT WORKED IN PAST 12 MONTHS, SKIP TO H-2

H-1b. How many different jobs have you had in the past 12 months?

JOBS:.....__ __ __

H-1c. During the past 12 months, about how many of the 52 weeks were you employed in full- or part-time jobs? (IF LESS THAN ONE WEEK, RECORD 01)

WEEKS:.....__ __

NONE.....00 → [SKIP TO H-2]

H-1d. During the last 30 days, how many hours did you usually work per week in all full- or part-time jobs?

USUAL NUMBER OF HOURS PER WEEK:....__ __ __

NONE.....000

H-2. Please look at this card and tell me which of the statements best describes your present work situation. (READ AND CIRCLE ONE CODE)

(SHOW WORK SITUATION CARD)

Working full-time, 35 hours or more a week.....	01
Working part-time, less than 35 hours a week.....	02
Have a job, but not at work because of extended illness, maternity leave, furlough, or strike.....	03
Unemployed or laid off <u>and</u> looking for work.....	04
Unemployed and <u>not</u> looking for work.....	05
Full-time homemaker.....	06
In school only.....	07
Retired.....	08
Disabled, not able to work.....	09
In prison.....	10
In the military.....	11
Something else? (SPECIFY) _____	12 →

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(TAKE BACK CARD)

Next, we would like some information on your sources of income and expenses.

A. Have you ever received any income from the following sources? (READ INCOME SOURCE LIST BELOW AND CIRCLE APPROPRIATE CODE IN COLUMN "A".)

ASK PART "B" FOR EACH SOURCE CODED 1 IN PART "A". RECORD AMOUNT TO THE NEAREST DOLLAR IN COLUMN "B".

B. Now I'm going to ask you how much income you received in the past 30 days from each of the sources you mentioned. In the past 30 days, how much total income did you receive from (NAME INCOME SOURCE FROM BELOW)?

INCOME SOURCE	A. Income Source		B. 30-Day Income DOLLARS
	YES	NO	
H-3. Any job or self-employment?.....01	02		_____
H-4. Illegal or possibly illegal sources such as hustling or dealing?.....01	02		_____
H-5. Supplemental Security Income (SSI) for which you qualify because of low income?.....01	02		_____
H-6. Social Security, Railroad Retirement, or other retirement benefits you, your spouse or your parents earned through work?.....01	02		_____
H-7. Veterans Administration payments?.....01	02		_____
H-8. Unemployment compensation because of layoff, or workers compensation because of injuries at work?.....01	02		_____
H-9. Aid to Families with Dependent Children (AFDC) or Food Stamps?.....01	02		_____
H-10. General Assistance (GA)?.....01	02		_____
H-11. Other forms of public assistance?.....01	02		_____
H-12. Spouse, family, or friends including alimony and child support?.....01	02		_____
H-13. Strangers or passers-by?.....01	02		_____
H-14. Any other sources I did not mention? (SPECIFY) _____01	02		_____

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H-15. In the past 30 days, about how much did you spend on each of the following items?
(RECORD AMOUNT TO NEAREST DOLLAR)

- | | |
|---|----------------|
| a. Living expenses including housing,
rent or mortgage, food, clothes,
transportation, etc. | DOLLARS: _____ |
| b. Medical expenses including
prescriptions. | DOLLARS: _____ |
| c. Alcohol, including wine, beer, or
liquor. | DOLLARS: _____ |
| d. Illicit drugs or drugs for
nonmedical uses. | DOLLARS: _____ |
| e. Other expenses I did not mention. | DOLLARS: _____ |

H-16. Since you became homeless/While you were homeless, have you lost or had your application denied for (READ FROM LIST)

	<u>Yes</u>	<u>No</u>
a. AFDC?.....	01	02
b. Food Stamps?.....	01	02
c. Public/General Assistance?.....	01	02
d. Medicaid/Medicare?.....	01	02
e. Any other public assistance programs?.....	01	02

(IF YES SPECIFY)

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____	01	02
____	01	02
____	01	02

I. POPULATION MOVEMENT

I'd like to know about the kinds of places you have lived.

- A. Have you ever lived in (LIVING SITUATION LISTED BELOW)? (CIRCLE APPROPRIATE CODE IN COLUMN "A")

IF 1 CIRCLED IN COLUMN "A", ASK PART "B"
--

- B. Approximately how many weeks and/or months did you live in (LIVING SITUATION MENTIONED) since (CURRENT DATE), 1990? (RECORD NUMBER WEEKS AND/OR MONTHS IN COLUMN "B")

		A.		B.	
		EVER		MONTHS/WEEKS OF	
		YES	NO	LAST 12 MONTHS	
				MONTHS / WEEKS	
I-1.	Your own house, apartment, or room?.....	01	02	___	___
I-2.	A friend or relative's house, apartment, or room?.....	01	02	___	___
I-3.	An unsupervised dormitory or quarters, such as at college, religious or military quarters, or agriculture or other workers quarters?.....	01	02	___	___
I-4.	A nursing home or any other kind of group home?.....	01	02	___	___
I-5.	Any kind of hospital or residential facility for medical, mental, alcohol, or drug-related problems?.....	01	02	___	___
I-6.	Jail, detention center, correctional halfway house, or other correctional institutions?.....	01	02	___	___
I-7.	Campgrounds or emergency shelter for the homeless, runaways, neglected, or abused women?.....	01	02	___	___
I-8.	Vacant buildings, public or commercial facilities, parks, cars, or on the street because you did not have a place to stay?.....	01	02	___	___
I-9.	Any other situation? (SPECIFY).....	01	02	___	___

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_____ _____ _____

_____ _____ _____

- I-10. Which of the situations we just discussed best describes your situation on (CURRENT MONTH AND DAY), 1990, that is, one year ago today?

RECORD NUMBER CODE FROM ABOVE: I- __ __

J. DEMOGRAPHICS

Finally, I'd like to ask some background questions about yourself.

- J-1. (RECORD R's SEX): MALE.....01
FEMALE.....02
- J-2. What is your date of birth? MONTH.....__ __
DAY.....__ __
YEAR 1 __ __ __

IF R WAS BORN AFTER 1976, SKIP TO J-3

- J-2a. Which of the following best describes your current marital status? Are you ...

Married,.....01
Widowed,.....02
Divorced or separated,.....03
Not married, but living with a partner, or.....04
Have you never married?.....05

- J-3. Are you of Hispanic or Spanish origin or descent?

YES.....01
NO.....02

- J-4. Which of the following groups best describes you? Are you . . .

Black,.....01
White,.....02
American Indian or Alaskan Native,.....03
Asian or Pacific Islander, or.....04
Something else? (SPECIFY).....05

- J-5. What is the last grade or year that you completed in school?

NO SCHOOLING.....00
ELEMENTARY GRADES .01.....02.....03.....04
.....05.....06.....07.....08
HIGH SCHOOL GRADES.09.....10.....11.....12
COLLEGE YEARS.....13.....14.....15.....16
GRADUATE/PROFESSIONAL SCHOOL
(or higher).....17

→ [SKIP TO J-6]

J-5a. Have you ever received a high school diploma, or a GED certificate of high school completion? (Which have you received?) (CIRCLE ONE)

HIGH SCHOOL DIPLOMA.....01
 GED CERTIFICATE.....02
 NEITHER OF THE ABOVE.....03

J-6. When were you last enrolled in school? (IF NECESSARY, PROBE: In what month and year?)

MONTH.....__ __

YEAR.....1 9 __ __

J-7. What was the name of the last (elementary/high) school you (were attending/attended) and its location?

NAME: _____

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__ __ __

LOCATION:

Alexandria, VA.....01
 Arlington, VA.....02
 Calvert County, MD.....03
 Charles County, MD.....04
 District of Columbia (DC).....05
 Fairfax City, VA.....06
 Falls Church County, VA.....07
 Falls Church City, VA.....08
 Frederick County, MD.....09
 Loudoun County, VA.....10
 Manassas City, VA.....11
 Manassas Park City, VA.....12
 Montgomery County, MD.....13
 Prince George's County, MD.....14
 Prince William County, VA.....15
 Stafford County, VA.....16
 Other (SPECIFY) _____ 17 →

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__ __ __

J-8. What (other) diplomas, degrees, certificates, or licenses have you received from the schools or training programs you have ever attended? (CIRCLE ALL THAT APPLY)

Adult Basic Education (A.B.E.).....01
 High School Diploma.....02
 GED.....03
 Associate's Degree.....04
 Bachelor's Degree.....05
 Graduate Degree.....06
 Occupational or Trade School
 Certificate.....07
 License to practice a trade.....08
 Other degree, certificate or license.....09

NONE.....00

J-9. Did you ever serve on active duty in the Armed Forces of the United States?

YES.....01

NO.....02 → [SKIP TO J-10]

J-9a. How long did you serve on active duty? (ONLY INDICATE NUMBER OF MONTHS IF LESS THAN A YEAR)

NUMBER OF YEARS:.....__ __

or

NUMBER OF MONTHS:.....__ __

J-9b. In what year did you last serve on active duty?

YEAR.....1 9 __ __

J-10. Including yourself, how many people do you regularly live with?

GROUP/HOUSEHOLD SIZE:.....__ __ __

J-11. Including yourself, how many people are dependent on you for at least half of their monthly support?

NUMBER OF DEPENDENTS:.....__ __

J-12. How many children do you have under the age of 18?

NUMBER OF MINOR CHILDREN:.....__ __

K. END OF SURVEY

That's the end of the interview and I'd like to thank you very much for your cooperation.

(PAY RESPONDENT)

I need to show the Research Triangle Institute that I have paid you for your time. Because the information you just gave me is confidential, I don't want you to give me your name. Instead, could you just give me your mother's maiden name? (RECORD MOTHER'S MAIDEN NAME)

Now I will sign my name here, which also shows that you received \$10 for participating in the Homeless and Transient Population Study for DC*MADS.

[INTERVIEWER: SIGN YOUR NAME BELOW]

(Mother's maiden name)

(Interviewer's signature)

____ / ____ / ____
M M D D Y Y

K-1. I need to ask one more question so that we know if we've interviewed you before. Since (BEGINNING DATE OF DATA COLLECTION), have you participated in this survey before?

YES.....01

NO.....02

K-1a. Where did you participate in this survey, and on what date?

	<u>Date</u>	<u>Location</u>	<u>Municipality</u>
1.	____ / ____ / ____ M M D D Y Y	_____	_____
2.	____ / ____ / ____ M M D D Y Y	_____	_____
3.	____ / ____ / ____ M M D D Y Y	_____	_____

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END TIME ____ : ____ AM/PM

FOR OFFICE USE ONLY

Questionnaire ID Label

Program ID# _____
 Shelter ID # _____
 Track ID # _____
 Block ID # _____

INTERV. ID# _____

DATE: _____

TEMP. ID# _____

M M D D Y Y

INTERVIEWER OBSERVATION QUESTIONNAIRE

This questionnaire is to be completed by the interviewer after each completed interview or after each completed screened ineligible. This questionnaire should be attached to the end of the Main Questionnaire or to the completed Screener Questionnaire.

OB-1. SEX OF R:

MALE.....01

FEMALE.....02

OB-2. RACE OF R:

WHITE.....01

BLACK.....02

INDIAN (AMERICAN), ALEUT, ESKIMO.....03

ASIAN OR PACIFIC ISLANDER.....04

OTHER (SPECIFY).....05

OB-3. APPROXIMATE AGE OF R:

UNDER 18.....01

18-21.....02

22-30.....03

31-40.....04

41-50.....05

51 AND OVER.....06

OB-4. TYPE OF APPROACH:

WHEN APPROACHED, R WAS:

WALKING.....01

STANDING AND AWAKE.....02

SITTING/LYING AND AWAKE.....03

ASLEEP AND AWOKE WITH APPROACH.....04

ASLEEP AND AWOKE NATURALLY.....05

WAS IN A SHELTER.....06

OTHER (SPECIFY).....07

OB-5. LOCATION OF ENCOUNTER WITH R:

HOUSE, APARTMENT OR ROOM PAID FOR WITH MUNICIPAL EMERGENCY HOUSING FUNDS	.06
GENERAL SHELTER	.07
HALFWAY HOUSE/TRANSITIONAL HOUSING	.08
JUVENILE/RUNAWAY SHELTER	.09
DOMESTIC VIOLENCE SHELTER	.10
PUBLIC CAMPGROUND	.11
CAR OR TRUCK	.12
PUBLIC FACILITY	.13
TRANSPORTATION DEPOT	.14
VACANT BUILDING	.15
TUNNEL/SEWER	.16
UNDERPASS/BRIDGE	.17
UNDER PORCH/BUILDING STRUCTURE	.18
SIDEWALK	.19
CITY PARK	.20
RIVER FRONT	.21
FOREST/FIELDS	.22
SOUP KITCHEN	.33
EMERGENCY FOOD LINES	.34
HEALTH CARE CLINIC	.35
OTHER NONDOMICILE (SPECIFY BELOW)	.80

OB-6. APPEARANCE OF R: (CIRCLE ALL THAT APPLY)

DRUNK	.01
UNDER THE INFLUENCE OF DRUGS	.02
SERIOUSLY ILL	.03
CONFUSED	.04
INCOHERENT	.05
DIRTY AND UNKEMPT	.06
SHABBILY DRESSED	.07
CARRYING PERSONAL BELONGINGS	.08
LUCID AND ALERT	.09
NEAT AND CLEAN	.10
GOING TO SOME PLACE	.11
COMING FROM SOME PLACE	.12
ENGAGED IN WORK	.13
ENGAGED IN ILLEGAL ACTIVITY	.14

OB-7. CONFIDENCE IN TRUTHFULNESS:

VERY CONFIDENT	.01
CONFIDENT	.02
UNSURE	.03
DOUBTFUL	.04
VERY DOUBTFUL	.05

OB-8. CONFIDENCE IN ACCURACY:

VERY CONFIDENT.....	01
CONFIDENT.....	02
UNSURE.....	03
DOUBTFUL.....	04
VERY DOUBTFUL.....	05

OB-9. INTERVIEWER COMMENTS:

OB-10. REASON FOR BREAKOFF OR RESCHEDULING (IF APPLICABLE):

INELIGIBLE.....	01
RESPONDENT INITIATED.....	02
COGNITIVELY IMPAIRED.....	03
OTHER (SPECIFY):.....	04

OB-11. FINAL DISPOSITION:

REFUSED SCREENING.....	03
SCREENED INELIGIBLE.....	04
ELIGIBLE, BUT REFUSED INTERVIEW.....	05
ELIGIBLE, INTERVIEW BROKEN OFF.....	06
ELIGIBLE, INTERVIEW SCHEDULED (specify arrangements below).....	07

ELIGIBLE, INTERVIEW COMPLETED.....	08
------------------------------------	----

SHORT BLESSED SCALE EXAM

The Short Blessed Scale is to be completed at any point during the interview if the respondent appears to be cognitively impaired.

ERROR SCORES

SB-1. What year is it now? _____

4 FOR ANY ERROR.....0 4

SB-2. What month is it now? _____

3 FOR ANY ERROR.....0 3

Please Repeat this phrase after me: John Brown, 42 Market Street, Chicago.

NO SCORE -- FOR ITEM SB-6.

SB-3. About what time is it? _____

3 FOR ANY ERROR.....0 3

SB-4. Please count backwards from 20 to 1.

[20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1]

2 PER ERROR.....0 2 4

SB-5. Please say the months of the year in reverse order.

[DEC, NOV, OCT, SEP, AUG, JUL, JUN, MAY, APR, MAR, FEB, JAN]

2 PER ERROR.....0 2 4

SB-6. Please repeat the phrase I asked you repeat before.

[JOHN/ BROWN/ 42/ MARKET STREET/ CHICAGO]

2 PER ERROR.....0 2 4 6 8 10

TOTAL NUMBER OF ERRORS IN SB-1 TO SB-6:...._____

IF THE TOTAL NUMBER OF ERRORS IS GREATER THAN 10, SKIP TO SECTION K TO TERMINATE THE INTERVIEW. BE SURE TO PAY THE RESPONDENT AND TO CIRCLE "03" ON ITEM OB-10 OF THE INTERVIEW OBSERVATION QUESTIONNAIRE.

Appendix E
Glossary of Key Terms

Addiction Severity Index (ASI) is a structured interview developed by McLellan and colleagues (1985) to assess medical health, drug use, alcohol use, employment/education problems, family/social problems, and psychological health.

Adult education was categorized as less than high school, high school graduate, and any college. Like the NHSDA, GEDs are ignored. If they had any college, they were under "any college"; otherwise they were treated as having less than a high school degree. This variable was not applicable for persons aged 12 to 17.

Age was categorized as 12 to 25 years, 26 to 34 years, and 35+ years. Note that the NHSDA categories of 12 to 17 years and 18 to 25 years had to be collapsed because there were too few cases.

Any illicit drug use is the use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

Any illicit drug use, excluding marijuana, is the use of cocaine (including crack), inhalants, hallucinogens (including PCP), or heroin, or nonmedical use of psychotherapeutics at least once.

Co-occurring problems are those that occur together but which may not be causally linked to a principal diagnosis (see Iezzoni et al., 1992)

Criminal offenders include those who have committed crimes for which they could have been arrested or who have been arrested (regardless of outcome).

Current drug users were people with any illicit drug use in the past month.

Current employment was categorized as full-time, part-time, unemployed, and other (retired, disabled, homemaker, student, or not in the labor force). Like the NHSDA, this variable is not applicable for persons aged 12 to 17.

Drug Abuse Warning Network (DAWN) is a national system used for monitoring drug-related emergency room admissions and deaths.

Drug/alcohol treatment clients include people who have entered one or more formal programs that were designed to address alcohol or drug abuse.

Diagnostic Schedule Manual III-Revised (DSMIII-R) provides the American Psychiatric Association's clinical guidelines for assessing dependency and other psychological disorders.

Family head is a person who regularly lives in groups of two or more, provides support for himself/herself and at least one other person, and who has one or more minor children under the age 18.

Group quarters population includes people in college; religious, military, agriculture, or other work quarters; and nursing homes and halfway houses.

Heavy alcohol use is having five or more drinks on 5 or more days a week in the past month. It was adjusted for the length of homelessness for people who had been homeless for less than 30 days. No adjustments were made for those who had been homeless or at risk of homelessness for the past 30 days (see Section 2.4).

Household population includes people staying in houses, apartments, or rooms that they or some other individual pays for.

Income poverty level (a percentage) is the earned income/poverty line income for a given size family, as set forth in the U.S. Department of Health and Human Services (DHHS) Poverty Income Guidelines (56 Fed. Reg. 34, 6859-6861 [February 20, 1991]).

Institutional population includes both people in correctional settings (e.g., prisons, jails) and other supervised institutions (e.g., hospitals, mental hospitals, residential drug treatment centers).

Lifetime use was use of a substance at least once in the individual's lifetime.

Literally homeless means spending the night in an emergency shelter or a nondomicile.

Location included the DC MSA categorized into three geographic locations: the District of Columbia; Maryland (including the Maryland counties of Calvert, Charles, Frederick, Montgomery, and Prince Georges); and Virginia (including the Virginia counties of Arlington, Fairfax, Loudoun, Prince William, and Stafford, and the Virginia cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park).

Marital status was categorized as single (never married), currently married (including living as married), and divorced/widowed.

Mental illness history is the lifetime history of inpatient, outpatient, or pharmacological treatment for psychological or emotional problems.

Nonmedical use of any psychotherapeutics is the nonmedical use of any prescription-type stimulant (including methamphetamine), sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

Nonusers of drugs were people with no history of illicit drug use.

Past drug users were people with lifetime illicit drug use, but no past month illicit drug use.

Past month service use was categorized by use of services in the past month (shelter, soup kitchen, both, or none). The "none" comes only from the street and encampment samples.

Past month use was use of a substance one or more times in the month before the survey (also referred to as *current use*).

Past year use was use of a substance one or more times in the year before the survey.

Physically ill involves having one or more major physical problems requiring a doctor's attention in the past year.

Race/ethnicity categories followed the current U.S. Bureau of the Census classification (i.e., persons were grouped into four racial/ethnic groups: white, black, Hispanic, and other). Persons referred to as "white" are those who report that they are "white," but "not of Hispanic origin." Similarly, persons referred to as "black" are those who report being "black," but "not of Hispanic origin." Because relatively few respondents were classified as "other," separate prevalence estimates were not developed for this group, although they were included in the overall prevalence rates for the DC MSA homeless and transient population.

Sample location was categorized by the location where the interview took place (shelter, soup kitchen, encampment, street).

School dropouts include people over 18 who did not complete high school (including those who went on to earn a GED).

Sex was categorized as male and female.

Stage of homelessness was categorized as newly homeless (first time and less than 6 months), chronically homeless (first time and more than 6 months), intermittently homeless (more than one episode of homelessness and currently homeless), and at risk of homelessness (using a soup kitchen but not literally homeless). People at risk of homelessness were currently using homeless services and often had prior histories of homelessness (see Section 2.4).

Stewart B. McKinney Homeless Assistance Act (Public Law No. 100-77, July 22, 1987) is a major source of Federal assistance to homeless people and created the Interagency Council on the Homeless for coordinating Federal policy.

Youths are persons aged 12- to 21-years-old, according to the McKinney Act definition.

Appendix F

Study Advisors

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PREVALENCE OF DRUG USE
IN THE WASHINGTON, DC,
METROPOLITAN AREA
HOMELESS AND TRANSIENT
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